

FILED APR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14545**
Registrar's No. **1615**

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3073		Registrar's No. 1615	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee			
d. FULL NAME OF HOSPITAL OR INSTITUTION 422 Helen				d. STREET ADDRESS (If rural, give location) 422 Helen			
3. NAME OF DECEASED (Type or Print) Wesley			a. (First) UTLEY			b. (Middle) _____	
c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Apr 12 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH Jan 25 1881	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Day _____		IF UNDER 2 WKS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Scott County Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME John Utley		13b. MOTHER'S MAIDEN NAME Sally Hudson		
14. NAME OF HUSBAND OR WIFE Lena (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harvey Watts ADDRESS Cape Girardeau	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chr. Myocarditis - Endocarditis				INTERVAL BETWEEN ONSET AND DEATH approx	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		DUE TO (c) Hypertension			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 12-29 1948 to 4-12 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at 8:20 m., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Sample, M.D. (Name or title)				23b. ADDRESS Chaffee Mo		23c. DATE SIGNED 4-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIED		24b. DATE APRIL 14 1949		24c. NAME OF CEMETERY OR CREMATORY Helmer		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo	
DATE REC'D BY LOCAL REG. 4/14/49		REGISTRAR'S SIGNATURE G. B. MacCreedy 298		25. FUNERAL DIRECTOR'S SIGNATURE Joe G. Hawee ADDRESS Cape Girardeau, Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 449-51

Date Filed 4-23-49

APR 29 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed W. H. Estey _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Cape Kin N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.