

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20520

State File No.

BIRTH NO. 28492-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2579

1. PLACE OF DEATH a. COUNTY - <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wynaudette</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>9150</u>	
c. LENGTH OF STAY (in this place) <u>1 hr. 10 min.</u>		d. STREET ADDRESS (If rural, give location) <u>717 South 14th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) _____		b. (Middle) _____	
c. (Last) <u>Utter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 4 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>6 4 50</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Lee Utter</u>		13b. MOTHER'S MAIDEN NAME <u>Dretha Cozzet Owen</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Lee Utter</u>		ADDRESS <u>712 S. 14th. K.C.K.</u>	
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* (a) <u>Prematurity, Birth before age of viability</u>			
ANTECEDENT CAUSES			
DUE TO (b) <u>Early labor</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) <u>causes unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	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 <u>June 4</u> , 19 <u>50</u> , to <u>June 4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 4</u> , 19 <u>50</u> , and that death occurred at <u>8:36 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kendall Blair</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>1503 S 22nd</u>	
23c. DATE SIGNED <u>6-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>6 5 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K.C.C.O.S. Path Lab.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6-9-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Conley Maternity Hosp.</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

A.C.M.S.

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

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.

Student'.....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.