S. No. 300
v. 10.48

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4819

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Knob
c. LENGTH OF STAY (In this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pilot Knob 0470
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WESLEY
c. (Last): UTT

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec. 5 1896
9. AGE (In years last birthday): 55 — If under 1 year: Months 2, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): taxi driver
10b. KIND OF BUSINESS OR INDUSTRY: own car
11. BIRTHPLACE (State or foreign country): Little Rock Ark.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Peter D. Utt
13b. MOTHER'S MAIDEN NAME: Leala Mashburn
14. NAME OF HUSBAND OR WIFE: #

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Leala Utt, Pilot Knob Mo. ADDRESS

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) Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Gastritis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____ 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 10.30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Howell Coroner
23b. ADDRESS: Ironton, Mo.
23c. DATE SIGNED: 2.2.52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-23-52
24c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park
24d. LOCATION (City, town, or county), (State): Ironton Mo.

DATE REC'D BY LOCAL REG.: Mar. 4 1952
REGISTRAR'S SIGNATURE: Mrs Avis Jones
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1952

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 [illegible]

Licensed Embalmer No. 3012

P. O. Address Evanston Ills.

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.