

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1474

STATE FILE NUMBER 78

FILED FEB 3 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research		Length of stay in lb 15 yrs	STREET ADDRESS 3118 East 11th (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RUBY Middle LOUISE Last UTT			4. DATE OF DEATH Month 1 Day 5 Year 58		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-15-1916		9. AGE (In years) 41 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Steno.		10b. KIND OF BUSINESS OR INDUSTRY Fed. Bureau		11. BIRTHPLACE (City and state or country) Warrensburg, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Granville N. Reed		13b. MOTHER'S MAIDEN NAME Maude Ferguson	
14. NAME OF HUSBAND OR WIFE Wm. S. Utt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. xx	
17. INFORMANT Granville N. Reed, 3010 Campbell		17. INFORMANT Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Ischemia DUE TO (b) Malnutrition DUE TO (c) Psychomotoric, severe PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs. many yrs. many yrs.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Warrensburg, Mo.		20g. COUNTY Mo STATE Mo	
21. I attended the deceased from 1955 to 1/5/58 and last saw ^{he} him alive on 1-4-58 Death occurred at 3:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John W. Cashman, MD		22b. ADDRESS 535 Maple Rd, K6 Mo	
22c. DATE SIGNED 1/6/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-5-58	
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		23d. LOCATION (City, town, or county) Warrensburg, Mo		23e. STATE Mo	
24. FUNERAL DIRECTOR Wagner Funeral Home, K. C. Mo		25. DATE RECD. BY LOCAL REG. 1-6-58		26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

John W. Cashman



11-2-8227

FEB 3 1958

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
Signature of Student Embalmer

Signed Alvin R. Haunschick

Licensed Embalmer No. 4159
P. O. Address K. C. Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.