

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-016437

STATE FILE NUMBER

AMENDED

Registration District No. 17
FILED MAY 23 1961

Primary Registration District No. 5092 Registrar's No. 59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lone Oak Twp.		Length of stay in 1b 60 YRS		c. CITY OR TOWN Butler, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.#5, Butler, Mo.			Include Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) R.F.D.#5			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Frankie Lee Utley				First Middle Last		4. DATE OF DEATH May 10, 1961				
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-5-1870		9. AGE (last birthday) 91		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Bates Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months Days Hours Min.		
13a. FATHER'S NAME George Nafus			13b. MOTHER'S MAIDEN NAME Ann			14. NAME OF HUSBAND OR WIFE Jobe Utley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. None		17. INFORMANT Edna Thomas R.F.D.#5, Butler, Mo				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) left side heart failure								INTERVAL BETWEEN ONSET AND DEATH 14 mo.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic nephritis								10 years		
DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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 a.m. p.m.		Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from March, 1940 to May 10, 1961 and last saw her/him alive on May 9th 1961 Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) L. D. Laffner, M.D.				22b. ADDRESS 212 N. Main, Butler Mo				22c. DATE SIGNED 5/12/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-12-1961		23c. NAME OF CEMETERY OR CREMATORY Double Branch		23d. LOCATION (City, town, or county) Bates Co., Mo.		(State)		
24. FUNERAL DIRECTOR Culver Underwood			ADDRESS Butler, Mo.		25. DATE RECD. BY LOCAL REG. May 15-61		26. REGISTRAR'S SIGNATURE Randall Torrey			

SEP 7 1961

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 Robert W. Stunkel

Licensed Embalmer No. 4657

P. O. Address Butler, 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.