

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036188

STATE FILE NUMBER

Registration District No. 551 Primary Registration District No. 3011 Registrar's No. 95

AMENDED

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carrollton</b>		Length of stay in lb <b>1 hr.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Clinic</b>		d. STREET ADDRESS (If outside, give location) <b>Bosworth</b>	
3. NAME OF DECEASED (Type or print) First <b>Wayland</b> Middle <b>x</b> Last <b>Utley</b>		4. DATE OF DEATH Month <b>October</b> Day <b>15</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-19-1917</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipe Line Welder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>2 "</b>	11. BIRTHPLACE (City and state of country) <b>Bosworth MO.</b>
13. FATHER'S NAME <b>Finis Utley</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn O. Utley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>World War II</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Evelyn O. Utley, Bosworth MO.</b>		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) <b>ANAPHYLACTIC SHOCK</b> DUE TO (b) <b>PENICILLIN INJECTION</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>70 min.</b> <b>70 min.</b>
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 checked="" 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.) <b>PENICILLIN INJECTION</b>	
20c. TIME OF INJURY Hour <b>7:30</b> Month <b>10</b> Day <b>15</b> Year <b>61</b> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>STATION CLINIC</b>	
20e. CITY, TOWN, OR LOCATION <b>CARROLLTON</b>		20f. COUNTY <b>CARROLL</b>	
20g. STATE <b>MO</b>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>STATION CLINIC</b>	
21. I attended the deceased from <b>AT DEATH (CORONER CALL)</b> and last saw her/him alive on _____ Death occurred at <b>8:40 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Edward L. Smith D.O. Coron</b>		22b. ADDRESS <b>1027 1/2 St. Carrollton, Mo</b>	
22c. DATE SIGNED <b>10-21-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct, 18, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Big Creek Demetry</b>	23d. LOCATION (City, town, or county) (State) <b>4M.S.W. Bosworth M.</b>
24. FUNERAL DIRECTOR <b>Leipard-Edwards</b>		25. DATE RECD. BY LOCAL REG. <b>10-26-61</b>	
ADDRESS <b>Bosworth MO.</b>		26. REGISTRAR'S SIGNATURE <b>Mr. Hubert C. ...</b>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1961  
MS-RDV-2 ADH-SIA

### 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

*David J. Edwards*

Licensed Embalmer No. 3265

P. O. Address Bonworth, Va

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.