

DEC 3 JUN 8 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

19264

Do not use this space.

## 1. PLACE OF DEATH

(a) County Pulaski Registration District No. 716  
 (b) Township Tavern Primary Registration District No. 594.5 Registered No. 7  
 (c) City Near Crocker (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bartley Leonardus Hutsell

(a) Residence, No. Near Crocker, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Julia Anne Hutsell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1848  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 2 0 \_\_\_\_\_  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.13. NAME Callie Hutsell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT George Hutsell (ADDRESS) Crocker, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem. DATE May 15, 193819. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS. (ADDRESS) Crocker, Mo.20. FILED 5/14 1938 H. J. Sell Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1937, to May 12, 1938  
 I last saw him alive on May 12, 1938 Death is said to have occurred on the date stated above, at 9:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1937

Other contributory causes of importance: Angina Pectoris 4/5/38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. J. Sell, M. D.

(Address) Crocker, Mo.

**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

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, above space should be left blank.**