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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19290

Registration District No. 713

Primary Registration District No. 5942

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pulaski
 (b) City or town Gospel Ridge Cullen Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
 (c) City or town Gospel Ridge Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Julia A. Hutsell 324
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day 11
 year 1940 hour _____ minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Bartly Hutsell 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 12, 1855
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 12, 1940, to May 10, 1940;
 that I last saw her alive on May 10, 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 7 Days 29 If less than one day
 hr. _____ min. _____

Immediate cause of death Hematemesis, Hemorrhage, Coronary Artery Occlusion.
 Due to Cancer of Stomach
 Due to Cirrhosis of the Liver

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 46
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Wade Lipscomb
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Lipscomb
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. John Schultz
 (b) Address Gospel Ridge
 17. (a) Antioch Cemetery (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Antioch Cemetery
 18. (a) Signature of funeral director Fred H. Gilbert
 (b) Address Dixon, Mo.
 19. (a) 5/13/40 (b) C. G. Gilbert
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
644 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature R. O. De Witt (M. D. or other) D.D.
 Address Waynsville, Mo. Date signed May 14

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.....

May 12, 1940

..... Registered Apprentice No.....

RECEIVED by personal supervision.

Signed *Fred W. Gillies*

District Health Officer No. 5,

Licensed Embalmer No. 2341

District File Number 640 706

P. O. Address Dixon, Mo.

Date Filed 6/12/40

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.