

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **121**

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1000 Blk. So. Osage Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 17 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1309 West 16th St. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Diamond L. Hutchison
3. (b) If veteran, name war _____ 3. (c) Social Security No. 421-07-517

20. DATE OF DEATH: Month 4 = 7 day 7
year 1941 hour 8 minute 30 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marguerite 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Sept. 21 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from around body
As Coroner 19. to 4-7- 1941
that I last saw h. alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>6</u>	<u>16</u>	hr. _____ min.

Immediate cause of death Doctless Coronary Embolism, died suddenly while driving his car. Duration _____
Due to _____
Due to _____

9. Birthplace Chamois, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 8 months of death) 94 W
Major findings: Of operations _____
Of autopsy not held

10. Usual occupation Automobile Salesman

11. Industry or business Pettis County Oldsmobile Co.

12. Name Chas. N. Hutchison
13. Birthplace Rolla, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sabra Street
15. Birthplace Boonville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marguerite Hutchison
(b) Address 1319 W. 16th St. Sedalia, Mo.

17. (a) Burial (b) Date thereof 4/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boonville, Missouri

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Missouri
(b) Address _____

19. (a) 4/9/41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged etiologically.

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? 94 W

23. Signature W. I. Bishop Coroner (M. D. or other) _____
Address Sedalia, Mo Date signed 4-7-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

L. E. Bouldin

Licensed Embalmer No. *3867*

P. O. Address. *Sedalia 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 this body is not embalmed, fact should be so stated above.