

STANDARD CERTIFICATE OF DEATH

State File No. **4487**
Registrar's No. **1826**

RECORDED MAR 17 1942 791

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **51 days** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Colorado** (b) County _____
(c) City or town **Denver**
(If outside city or town limits, write "RURAL")
(d) Street No. **1717 East Arimona**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Dr. Jaen Gossett Hutton**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Margaretta H. Hutton** 6. (c) Age of husband or wife if alive **42** years

7. Birth date of deceased **April 14 1894**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	10	14	hr. _____ min. _____

9. Birthplace **Knox Co. Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business _____

12. Name **J.H.Hutton.**

13. Birthplace **unknown Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Donna Gossett.**

15. Birthplace **unknown Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaretta Hutton**

(b) Address **Denver, Colorado**

17. (a) **Removal** (b) Date thereof **2-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Denver, Colorado**

18. (a) Signature of funeral director **C.R. Lupton & Sons**

(b) Address **7233 Delmar Blvd**

19. (a) **FEB 28 1942** **J. Z. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **25**
year **1942** hour **5** minute **30** A. M.

21. I hereby certify that I attended the deceased from **January 8 1942** to **February 25 1942**
that I last saw him alive on **February 25 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized peritonitis** *Duration*

Due to **Esophageo-pleural fistula**

Due to _____

Other conditions **Broncho-pleural fistula; Pneumonia, lower lobe of left lung; Amputation of lower lobe of right lung.**

Major findings: Of operations _____

Of autopsy **As Above**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J.P. Bradley** (M. D. or D.O.)
Address **BARNES HOSPITAL** Date signed **2-28-42**

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

MOTHER FATHER

APR 22 1932

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 Clarence A. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, 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.