

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10962**
Registration District No. **248**
Primary Registration District No. **43-69-5844**
Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Newton**
(b) City or town **Seneca "Rural"**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Seneca Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **All his life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Newton**
(c) City or town **Seneca "Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.R. # 1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Tom Kearsey Hutchison**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **16**
year **1943** hour **5 AM** minute _____ M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Bachelor**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from **Oct 1**, 1940 to **Mar 16**, 1943
that I last saw him alive on **Mar 12**, 1943
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Sept 22 1874**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
68 5 21 hr. min.

Immediate cause of death **Atherosclerosis**
Due to _____
Due to _____

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

Other conditions (include pregnancy within 3 months of death) **830!**
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Peter F. Hutchison**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Compton**
15. Birthplace **Springfield Missouri**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Mrs. John Clark**
(b) Address **Seneca, Mo. R.R. #1**
17. (a) **Burial** (b) Date thereof **3-18-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Salem Cemetery**
18. (a) Signature of funeral director **W. R. Bennett**
(b) Address **Seneca, Mo.**
19. (a) **3-18-43** (b) **W. R. Bennett**
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury _____
23. Signature **W. R. Bennett** (M. D. or other)
Address **Seneca Mo** Date signed **3-18-43**

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

73
000

MOTHER FATHER

1310

3-18-43

Date Received APR 5 1943
File No. 343-44

APR 10 1943

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

Bill Buzzard

Licensed Embalmer No. *2334*

P. O. Address *Seneca, 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.