

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

National Office of Vital Statistics
FILED JAN 6 1948

Registration District No. 184 Primary Registration District No. 5696 Registrar's No. 168

1. PLACE OF DEATH
(a) County Livingston
(b) City or town Rural JACKSON Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R-20 #2 JANSPORT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Livingston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. K 7th - 2 Garrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Chayton Hutchison
3. (b) If veteran, name war
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22 year 1947 hour 7:30 minute A.M.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BARBEE Hutchison
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Nov 18 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 30 1947 to Dec 22 1947 that I last saw him alive on Dec 20 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 1 Days 9 If less than one day .hr. min.

Immediate cause of death Coronary thrombosis
Due to Atherosclerosis

9. Birthplace Livingston MD (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation FARMER

11. Industry or business FARM

12. Name JEREMIAH Hutchison
13. Birthplace Livingston Co. MD (City, town, or county) (State or foreign country)

14. Maiden name MARY WILLIAMS
15. Birthplace Livingston Co. MD (City, town, or county) (State or foreign country)

16. (a) Informant Medred Hutchison
(b) Address Higgins, Missouri

17. (a) Burial (b) Date thereof Dec 27 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Higgins Camp, Missouri

18. (a) Signature of funeral director James A. Johnson
(b) Address Trenton MO

19. (a) Dec 23 1947 (Date received local registrar) (b) Frances B. Neill (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J.B. Bailey (M. D. or other) Date signed 12-23-47

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

MOTHER FATHER

PHYSICIAN
Underline the cause of which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

JAN 13 1948

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 _____

Walter E. Meyer

Registered Apprentice No. *458*

working under my personal supervision.

Signed:

Raymond A. Davis

Licensed Embalmer No. *3424*

P. O. Address *Denton 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.