

S. No. 2
-12-45
5-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8037**
Registrar's No. **3**

FILED MAR 30 1948

Registration District No. **289**

Primary Registration District No. **5173**

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Holt's Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Holt's Summit 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Six months years, months or days)

3. (a) PRINT FULL NAME Dudley Hutcherson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mai Hutcherson 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 8 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 26 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Willis B. Hutcherson

{ 13. Birthplace DK Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Dosha E. Spratt

{ 15. Birthplace DK Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mai Hutcherson (wife)

(b) Address Holt's Summit

17. (a) Burial (b) Date thereof 3/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel

18. (a) Signature of funeral director Glen J. Maybin

(b) Address 712 Court St., Fulton, Mo.

19. (a) Mar 8-48 (b) LeRoy Claypool
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Holt's Summit
(If outside city or town limits, write "RURAL")

(d) Street No. No. number
(If rural, give location) No

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year _____ hour 8:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Feb 22
1948, to March 3, 1948
that I last saw him alive on March 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
arteriosclerosis

Duration
five weeks

Due to arteriosclerosis year _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy a7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 Dean A. Taylor (M. D. or other) M.D.
Address Jefferson City Date signed 3-5-48

RECEIVED

District Health Officer No. 9,

District File Number

MAR 29 1948

Date Filed

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.....

Theodore Skinner, Jr., Registered Apprentice No. *55*
working under my personal supervision.

Signed.....

Glen G. Maupin

Licensed Embalmer No. *2775*

P. O. Address *Fulton, 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.

April
3

Registration District No. 389

Primary Registration District No. 5173

Registrar's No.

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town High Summit
(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 years, months or days)

3. (a) PRINT FULL NAME

Dudley Hatcher

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m Color of race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 8 1918

(Month) (Day) (Year)

8. AGE: Years 79 Months Days

If less than one day min.

9. Birthplace

(City, town, or county) (State or foreign country) MO

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) City or town High Summit (b) County
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 3
year 1964 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary embolism

Duration

Due to Atherosclerosis years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Hemorrhage not due to placenta
Of operations
Of autopsy

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 Luan A. Dayley M.D. or other
Address Jefferson City, Mo. Date signed 3-4-64

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

SUPPLEMENTAL

1948

S-8037