S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18424

FILED MAY 19 1948

Registration District No. 327

Primary Registration District No. 4500

Registrar's No. 43

1. PLACE OF DEATH:
(a) County: Shelby county
(b) City or town: Leonard, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Entire life

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

3. (a) PRINT FULL NAME: Herbert Eugene Hutton
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Laura Hutton
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: December 21st 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	22	hr. min.

9. Birthplace: Knox county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Rtr. School Teacher
11. Industry or business: " " "
FATHER
12. Name: Steven Hutton
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ella Jane Rhoades
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Laura Hutton
(b) Address: Leonard, Mo.
17. (a) Burial (Burial, Cremation, Removal) (b) Date thereof: 4-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Novelty cemetery
18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Shelbina, Mo.
19. (a) May 14-48 (Date received by local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1948 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from 1944 to April 10 1948 that I last saw him alive on April 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive myocardial degeneration	2 wks
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death) Carcinoma Gall bladder	

Major findings:
Of operations: 1
Of autopsy: 46

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 2

23. Signature: G. O. Wright D.O. (M. D. or other) DO
Address: Leonard, Mo. Date signed 4/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number S-48-9
MAY 18 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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed A W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.