

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18685**
Registrar's No. **179**

Registration District No. **38**

Primary Registration District No. **3006**

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1512 Windsor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
Lifetime
In this community _____
years, months or days

3. (a) PRINT FULL NAME EULAHLIA HUTSELL
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John H. Hutsell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 9 20 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name John M. Keene
13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Albina Grant
15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances Hutsell
(b) Address 1512 Windsor St., Columbia, Mo.

17. (a) Burial (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parsons Funeral Service
(b) Address Columbia, Mo.

19. (a) 7-1-48 (b) Mrs. R E Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1512 Windsor St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 29
year 1948 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from 1948-6-29-29
1948-6-28-1948
that I last saw him alive on 6-28-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Stagnation from growth in stomach probably malignant. Duration Several mo.

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy None

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) No

(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? No

While at work? No (Specify type of place) (e) Means of injury _____

23. Signature W D Hyatt (M. D. or other) M.D.
Address Columbia, Mo. Date signed 7-29-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 14 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Thas L. Taring*

Licensed Embalmer No. *4132*

P. O. Address..... *Columbia, 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.