

S. No. 300  
M-10-47  
v. 5-17-39  
I 3908

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

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32363

State File No. \_\_\_\_\_  
Registrar's No. 148

Registration District No. 71

Primary Registration District No. 5288

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

1. PLACE OF DEATH:

(a) County CRAY

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

(c) Name of hospital or institution:  
2 MILES SOUTH LAWSON, MO  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community LIFETIME  
years, months or days

3. (a) PRINT FULL NAME JAMES DECATER HUTCHINGS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GERTRUDE HUTCHINGS

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased SEPTEMBER 10, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 1 15 hr. min.

9. Birthplace RAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ROBERT HUTCHINGS

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA WALLACE

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. A. Hutchings

(b) Address Lawson, Missouri

17. (a) BURIAL (b) Date thereof OCT. 27, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evon Cemetery

18. (a) Signature of funeral director Clayton Puchard

(b) Address Excelsior Springs, Mo.

19. (a) 10/27/48 (b) Leola Hutchings  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAY 24

(c) City or town RURAL 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 MILES SOUTH LAWSON, MO  
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER, day 25  
year 1948 hour 7:00 minute 4 M.

21. I hereby certify that I attended the deceased from Oct. 1, 1948 to Oct. 25, 1948  
that I last saw him alive on Oct. 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & coronary occlusion 3 yrs  
Due to Senile arteriosclerosis 10 yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93, D

Of autopsy \_\_\_\_\_

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 Clayton Puchard (M. D. or other) M.D.  
Address Lawson Date signed Oct. 26, 1948

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

RECEIVED

District Health Officer No. B.

District File Number

Date Filed

11-12-48

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

Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.