

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1293

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>174</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City				c. CITY (If outside corporate limits, write RURAL and give township) Clinton			
c. LENGTH OF STAY (In this place) 6 days				d. STREET ADDRESS (If rural, give location) R.R. # 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle) OLYMPIA		c. (Last) HUTCHINSON		4. DATE OF DEATH (Month) (Day) (Year) 1-13-1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-6-1874		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Aaron Hutchinson			13b. MOTHER'S MAIDEN NAME Mary Canipe		14. NAME OF HUSBAND OR WIFE Katherine L. Hutchinson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-03-3899-A		17. INFORMANT'S SIGNATURE OR NAME Katherine L. Hutchinson		ADDRESS Clinton, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES DUE TO (b) Chol. Hemus. V. phlebitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Gen. Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyromyofasciitis Myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 6 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 450.0				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1			
22. I hereby certify that I attended the deceased from <u>12/1</u> , 19 <u>48</u> to <u>1/13</u> , 19 <u>49</u> that I last saw the deceased alive on <u>1/13</u> , 19 <u>49</u> and that death occurred at <u>9.0</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. Mc Clelland				23b. ADDRESS 220 Professional Bldg. K.C. Mo.		23c. DATE SIGNED 1/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-13-1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Kansas Kansas	
DATE REC'D BY LOCAL REG. 1-14-49		REGISTRAR'S SIGNATURE M. Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Geo. W. Long		ADDRESS K.C. Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

*Rev. Mrs. Clanshan
Professional Embler*

REC'D FEB 7 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Charles H. Rider

Signed _____
Student Embalmer

Licensed Embalmer No. 3404

P. O. Address 2037 10th St. C. Kan

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.