

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3943**

No. 300
10. 48

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BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3-002 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Andrain</u>		2. USUAL RESIDENCE (Where deceased lived. If instituting, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrain</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico</u> c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>622 West Whitley</u>		d. STREET ADDRESS (If rural, give location) <u>622 West Whitley</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura Belle</u> b. (Middle) <u>Hutcherson</u> c. (Last) <u>Hutcherson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11-1949</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>Mar. 15-1866</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (State or foreign country) <u>Warrenton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James A. Hutcherson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Hutcherson, St. Louis, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cancer of Uterus</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>				Unknown	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 10 - 1949 to Feb 11, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Conest S. Kuntz, Jr. M.D.</u>		23b. ADDRESS <u>105a West Monroe, Mexico, Mo.</u>		23c. DATE SIGNED <u>Feb-14-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 14-1949</u>		REGISTRAR'S SIGNATURE <u>B. Steneke Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earle Cress, Mexico Mo.</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 2493

Date Filed FEB 23 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

Ralph L. Hueston Jr.

Student Embalmer No. 934

working under my personal supervision.

Student Ralph L. Hueston Jr.
Student Embalmer

Signed Earl E. Paul

Licensed Embalmer No. 3189

P. O. Address Meigs 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.