

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9401

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5894 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Ozark Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sycamore Rural, Pinecreek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sycamore, Mo. Rural, Pinecreek, Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sycamore, Mo. Ozark Co.</u>		d. STREET ADDRESS (If rural, give location) <u>Ozark Co. Pinecreek Township</u>	
3. NAME OF DECEASED (Type or Print) <u>Joseph Marshall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28 1949</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Hutchison</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 7, 1869</u>
9. AGE (In years last birthday) <u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>State of Mo., U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<u>Farmer</u>		<u>Farming</u>	
13a. FATHER'S NAME <u>Jim Hutchison</u>		13b. MOTHER'S MAIDEN NAME <u>Barrett Gardner</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Hutchison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Barthelme Hutchison</u>		ADDRESS <u>James M. Hutchison</u>	
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) <u>Cardiac Decompensation</u> <u>(mitral valvular)</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Syphilis not contributory</u> <u>Proximately</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1940</u> , to <u>2-28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-27</u> , 19 <u>49</u> , and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Toerman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Gainesville, Mo</u>	
23c. DATE SIGNED <u>2/25/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 1, 49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel Cemetery</u>		24d. LOCATION (City, town, or county) <u>Ozark Co</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>William E. Copwell</u> 403	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. H. Funeral Home</u>		ADDRESS <u>Gainesville, Mo</u>	

(If Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 349-300

Date Filed 3-16-49

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 *not*

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

C. C. Rood

Licensed Embalmer No. 3044

P. O. Address Gainesville, 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.