

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11950

FILED MAY 10 1949

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> <u>33</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek</u>		c. LENGTH OF STAY (In this place) <u>69 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salem, Mo. Springcreek</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1 Salem, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1 Salem, Mo</u> <u>0</u> <u>Twp</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>H. Hutchinson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4/23/49</u>					
5. SEX <u>M</u> <u>0</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7/15/79/1879</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant & Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Genrl Merch</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Hutchinson</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Higgins</u>			14. NAME OF HUSBAND OR WIFE <u>Nettie Hutchinson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nettie Hutchinson, Salem, Mo</u> ADDRESS _____			
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>Cardiac failure</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>450</u>					20. AUTOPSY? YES <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>March 3</u> , 19 <u>47</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>M. M. Hart</u> (Degree or title) _____				23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>4/28/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Missouri</u>		
DATE REC'D BY LOCAL REG. <u>April 26-49</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>M. L. Spencer</u> ADDRESS _____		Salem, Mo.		

RECEIVED

District Health Officer No. 6,

District File Number 549347

Date Filed 5-6-49

OCT 8 1949

MAY 13 1949

OCT 18 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.

Student
Student Embalmer

Signed Wm. W. McCausland

Licensed Embalmer No. 3806

P. O. Address Salem, 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.