

No. 300
10.48
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FILED MAY 18 1949 STANDARD CERTIFICATE OF DEATH

State File No. 15612

BIRTH NO. 21718-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 546a Registrar's No. 44

1. PLACE OF DEATH: a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Campbell Township		c. CITY (If outside corporate limits, write RURAL and give township) Rural Campbell Township	
c. LENGTH OF STAY (In this place) 6 weeks		d. STREET ADDRESS (If rural, give location) Route 8, Springfield, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 8, Springfield, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Sidney	b. (Middle) Brans	c. (Last) Hutcheson	4. DATE OF DEATH (Month) (Day) (Year) May 6 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 23, 1949	9. AGE (In years last birthday) 1 MONTHS 13 DAYS	IF UNDER 1 YEAR Hours 13 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William H Hutcheson	13b. MOTHER'S MAIDEN NAME Jean Woods Ferguson	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William H Hutcheson, Springfield, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		
	ANTECEDENT CAUSES DUE TO (b) head being caught between mattress pads in baby buggy DUE TO (c) matress pads in baby buggy		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		18	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Springfield (COUNTY) Greene (STATE) Missouri
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5 - 6 - 49 7:30a m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Baby sleeping & head slipped between matress pads
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22. I hereby certify that I attended the deceased from **5/6 1949**, to **5/7 1949**, that I last saw the deceased **dead** and that death occurred at **7:30a m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Randolph J. ...</i> (Degree or title) Coroner 3	23b. ADDRESS 409 Woodruff Bldg Springfield, Mo.	23c. DATE SIGNED 5/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 7, 1949	24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 5-10-49	REGISTRAR'S SIGNATURE <i>W. F. Handley</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Palma Lohmeyer</i>	ADDRESS Funeral Home, Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Bernard Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.