

FILED JUL 19 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24004

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5657</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lewis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Canton</u>		c. LENGTH OF STAY (in this place) <u>41 yrs</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>JAMES</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>HUTCHINSON</u>		(Month) (Day) (Year) <u>July 7, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept. 4, 1867</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>		IF UNDER 48 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Williamstown Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arron P. Hutchinson</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Porter</u>		14. NAME OF HUSBAND OR WIFE <u>None</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 ADDRESS <u>Neal Palmer, Canton, Mo.</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>Carcinoma of Bladder</u> ANTECEDENT CAUSES 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>6 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>Feb 10</u> , 1949, to <u>July 7</u> , 1949, that I last saw the deceased alive on <u>7-7</u> , 1949, and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Doherty M.D.</u>				23b. ADDRESS <u>Canton, Mo.</u>		23c. DATE SIGNED <u>7-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/9/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Canton Lewis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-13-49</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl H. Barkley</u>		ADDRESS <u>Canton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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6
0S. No. 300
EV. 10.48

RECEIVED JUL 18 1949
District Health Officer No. 10
District File Number 7-49-120
Date Filed JUL 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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *Carl H. Buckley* _____

Licensed Embalmer No. *2615*

P. O. Address *Centon, 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.