

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24066

6000

REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5728 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <i>Macon</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Anabel Round Grove</i>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Anabel</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Oscar</i> b. (Middle) <i>Alison</i> c. (Last) <i>Hutton</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 18 1949</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 10 1874</i>	9. AGE (years) (Months) (Days) (Hours) (Min.) <i>75 5 8</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mail Carrier</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>	11. BIRTHPLACE (State or foreign country) <i>Macon Co, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>George M. Hutton</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah E. Whites</i>		14. NAME OF HUSBAND OR WIFE <i>Alice J. Hutton</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Alice J. Hutton, Anabel, Mo</i>		
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) <i>Apoplexy with left Hemiplegia</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <i>Oct 45</i> , 19 <i>45</i> , to <i>July</i> , 19 <i>49</i> , that I last saw the deceased alive on <i>July 18, 1949</i> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>D. L. Harlan M.D.</i>			23b. ADDRESS <i>Clarence Mo</i>		23c. DATES SIGNED <i>1949</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-20-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bethlehem Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Southeast of Macon, Mo.</i>
DATE REC'D BY LOCAL REG. <i>8-9-49</i>		REGISTRAR'S SIGNATURE <i>Ruth McNeely</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Stephens &amp; Goodding, Macon</i>	

(Licensed Embalmers' Statement on Reverse Side)

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

AUG 1 7 1948

RECEIVED

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District Health Officer No. 10

District File Number 8-49-1385

Date Filed AUG 1 1 1948

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.

Signed C. L. Stephens

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3057

P. O. Address Mecon 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.