

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25937

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 455L Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Wright</u> /		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville Hart</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville</u>	
c. LENGTH OF STAY (In this place) <u>22 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Mortimer</u>	c. (Last) <u>Hutton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1949</u>
-------------------------------------	---------------------------	-----------------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 21, 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
--------------------	-------------------------------	---	---------------------------------------	---	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Albert Hutton</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Pattison</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Hutton</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Hutton</u>	ADDRESS <u>Hartville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>599X</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) (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 May 15, 1949, to June 24, 1949, that I last saw the deceased alive on June 24, 1949, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Worthey Sec'y</u>	(Degree or title)	23b. ADDRESS <u>Hartville Mo</u>	23c. DATE SIGNED <u>6-26-49</u>
---	-------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 26, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Hartville Missouri</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-16-49</u>	REGISTRAR'S SIGNATURE <u>E. Garner</u> 346	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Waldren</u>	ADDRESS <u>Hartville</u>
---	--	---	--------------------------

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

114
0

0961 12700
JUL 27 1950

RECEIVED

District Health Officer No. 6;

District File Number 749-828

Date Filed 7-18-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Gene E. Holdren

Signed _____
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Startsville, 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.