

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37854

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 57667 Registrar's No. 4-8

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Bedford)</u>		c. LENGTH OF STAY (In this place) <u>.30 yr.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Bedford)</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile East of Troy Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile East of Troy Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>1/2 mile East of Troy Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>HUTTON</u> c. (Last) <u>HUTTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-27-1891</u>
9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>4</u>	11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & meat cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry George Hutton</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Smuggling</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie F 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>492-07-4297</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fannie F Hutton</u>		ADDRESS <u>Troy 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>Myocardial Infarction</u> ANTECEDENT CAUSES (b) <u>Coronary Thrombosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Cardio Renal - Vascular Disease 10 yr.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:20 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. L. Reese</u> (Degree or title) <u>md</u>		23b. ADDRESS <u>Troy Mo</u>	
23c. DATE SIGNED <u>12/2/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-3-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Troy Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>	
DATE REC'D BY LOCAL REG. <u>12-2-1949</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	
ADDRESS <u>Troy Mo</u>		ADDRESS <u>Troy Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

57
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RECEIVED
District Health Officer No. 9,
District File Number

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 Wayne McLooy

Signed _____
Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy, Md.

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.