

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40305**  
1379  
Registrar's No. \_\_\_\_\_

FILED DEC 27 1949

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5126

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Faucett</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Faucett</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Crawford Twp.</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lillie</b>	b. (Middle) <b>Bell</b>	c. (Last) <b>Hutcheson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug. 31, 1871</b>	9. AGE (In years) (Last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Snow</b>	13b. MOTHER'S MAIDEN NAME <b>Naomi Miller</b>	14. NAME OF HUSBAND OR WIFE <b>D. J. Hutcheson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nellie Baltezor</b>	ADDRESS <b>Faucett, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs</b>  <b>4210</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Indufficiency</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None known</b> DUE TO (c) _____		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec. 10, 1948**, to **Dec. 14, 1949**, that I last saw the deceased alive on **Oct. 20, 1949**, and that death occurred **at 7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. R. Elliott M.D.</b>	23b. ADDRESS <b>801 1/2 Francis St. St. Joseph, Mo.</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-15-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Faucett Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Faucett-Buchanan-Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 19, 1949</b>	REGISTRAR'S SIGNATURE <b>E. L. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Siderwader</b>	ADDRESS <b>602 S. 10th St. Joseph, Mo.</b>
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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.

Signed Mollie E. Sidenfaden Ho.

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

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.