

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2629

State File No. \_\_\_\_\_

#2

Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		8150		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Frisco R.R.</b>				d. STREET ADDRESS (If rural, give location) <b>W.R. 4421 Cambridge Street.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marion</b> b. (Middle) <b>F.</b> c. (Last) <b>Hutton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 2 50</b>					
5. SEX <b>MO</b>		6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec 13, 1890</b>		9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Piece work checker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Beaumont, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Hutton</b>			13b. MOTHER'S MAIDEN NAME <b>Susan McPaul</b>		14. NAME OF HUSBAND OR WIFE <b>Ina Hutton</b>			
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>702-07-2839</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ina Hutton-4421 Cambridge Kansas Ci</b>				ADDRESS <b>Kansas</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, bronchial</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis, Chronic</b> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>years</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malignment of prostate</b>					<b>2 mo</b>	
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) <b>121</b>				
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? <b>592X</b>				
22. I hereby certify that I attended the deceased from <b>11-16, 1949</b> , to <b>1-2, 1950</b> , that I last saw the deceased alive on <b>1-2, 1950</b> , and that death occurred at <b>12:18 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>E. L. Pellock</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Frisco R.R. Hosp. 27 Louis</b>		23c. DATE SIGNED <b>1-2-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-2-50</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Beaumont, Kansas</b>			
DATE RECD BY LOCAL REG. <b>JAN 3 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe-4700 Washington Blvd</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

12  
4 JAN 24 1950

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 Me

Student Embalmer No. ....

working under my personal supervision.

Signed

*Etienne R. Ruelius*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.