

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8749**  
**967**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <b>MO</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>25 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>713 CHERRY 3123</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>713 CHERRY</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>	b. (Middle)	c. (Last) <b>HUTCHIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 28 50</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT 25 1897</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FENDER REPAIR</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LAWRENCE KAN'S</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>WILLIAM HUTCHIN</b>	13b. MOTHER'S MAIDEN NAME <b>HANNA</b>	14. NAME OF HUSBAND OR WIFE <b>ELIZABETH HUTCHIN</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.	17. INFORMANT'S SIGNATURE OR NAME <b>ELIZABETH HUTCHIN</b>	ADDRESS <b>713 CHERRY</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Treated for heart at Gen Hosp</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Post Refused</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
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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?
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b>	(Degree or title)	23b. ADDRESS <b>1034 Pratt Bldg</b>	23c. DATE SIGNED <b>3 7 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/3/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLMWOOD CEM</b>	24d. LOCATION (City, town, or county) (State) <b>KC MO</b>
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DATE REC'D BY LOCAL REG. <b>3-2-50</b>	REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>SEBETO'S</b>	ADDRESS <b>KANSAS CITY MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2560

P. O. Address K. E. M.

**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.