

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12457

BIRTH NO. 26717-50 REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5414 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN</u> <u>Ava, R, Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN</u> <u>Ava, Rural, Washington</u> <u>0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Jary b. (Middle) Harlan c. (Last) Hutchison

4. DATE OF DEATH (Month) (Day) (Year) 4-14-50

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED,  WIDOWED,  DIVORCED,  SINGLE Single 8. DATE OF BIRTH 4-14-50

9. AGE (In years last birthday) 5 IF UNDER 1 YEAR Months 0 Days 30 IF UNDER 12 HRS. Hours 0 Minutes 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ava, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tan H. Hutchison 13b. MOTHER'S MAIDEN NAME Clema Hutchison 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. Nine 17. INFORMANT'S SIGNATURE OR NAME J. H. Hutchison ADDRESS Ava, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Birth injuries, injury at Birth. Hand feet labor.

ANTECEDENT CAUSES  
Morbidity 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.

INTERVAL BETWEEN ONSET AND DEATH 7610

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7:30, 1950, to 10:30, 1950, that I last saw the deceased alive on 9:30 4-14, 1950, and that death occurred at 7:30 AP m., from the causes and on the date stated above.

23a. SIGNATURE D. P. Hutchison (Degree or title) D.O. 23b. ADDRESS Ava, Mo. 23c. DATE SIGNED 4-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-17-50 24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor 24d. LOCATION (City, town, or county) (State) Ava, Missouri

DATE REC'D BY LOCAL REG. Apr. 26 50 REGISTRAR'S SIGNATURE Wesley Bushman 25. FUNERAL DIRECTOR'S SIGNATURE Linkingbeard ADDRESS Funeral Home

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

5340-1

RECEIVED APR 29 1950  
District Health Office No. 6,  
District File Number 450-503  
Date Filed 4-29-50

Request of family that body not be embalmed

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**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Wa, 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.