

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13848**

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **5788** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Wyatt-Rural 6 mi South)		c. LENGTH OF STAY (in this place) since 1912	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt-Rural 6 mi South		0670
d. FULL NAME OF HOSPITAL OR INSTITUTION At residence			d. STREET ADDRESS (If rural, give location) Deventer community		

3. NAME OF DECEASED (Type or Print) a. (First) Iida b. (Middle) Ethel c. (Last) Hutson			4. DATE OF DEATH (Month) (Day) (Year) March 15th, 1950		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29th, 1896		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Hickman County Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Riley Hutson		13b. MOTHER'S MAIDEN NAME Amelia Redden		14. NAME OF HUSBAND OR WIFE Aaron Hutson	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aaron Hutson, Deventer, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy				3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Chloro-pyrenin				Days
		DUE TO (b) Hypertension				334X
		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) (Min.)			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 **Mar 14**, 19**50**, to **Mar 15**, 19**50**, that I last saw the deceased alive on **Mar 15, 1950**, and that death occurred at **11:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. P. Fenlon D.O.		23b. ADDRESS Charleston, Missouri		23c. DATE SIGNED 3/16/1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/17/1950	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) Columbus, Kentucky	
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DATE REC'D BY LOCAL REG. Apr 23, 1950	REGISTRAR'S SIGNATURE Anna Harper Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE NUNNALS FUNERAL CHAPEL Charleston Mo		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0670

APR 25 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed APR 28 1953

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.