

FILED JUN 1 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17081

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5574		Registrar's No. 96				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VAN BUREN ^W Rural				c. LENGTH OF STAY (In this place) 69 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lone Jack 0480				
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, RR #1				d. STREET ADDRESS RR #1				0		
3. NAME OF DECEASED (Type or Print) Lula			a. (First)		b. (Middle) Florence		c. (Last) Hutchens			
4. DATE OF DEATH May 15 1950		(Month) (Day) (Year)		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		
8. DATE OF BIRTH Sept. 5, 1878		9. AGE (In years last birthday) 71		10. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Hubbel, Nebr.		12. CITIZEN OF WHAT COUNTRY? USA		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Hubbel, Nebr.		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Thomas Prewitt			13b. MOTHER'S MAIDEN NAME Rebecca Griffith			14. NAME OF HUSBAND OR WIFE Jesse L. Hutchens				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Jesse L. Hutchens, Lone Jack, Mo.						
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast 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 4 years 4 years 170X		
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)						
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?						
22. I hereby certify that I attended the deceased from 10-14, 1948, to 5-15, 1950, that I last saw the deceased alive on 5-14, 1950, and that death occurred at 5:50 a.m., from the causes and on the date stated above.										
23a. SIGNATURE Thomas W. Williams M.D.				23b. ADDRESS Oak Grove, Mo.				23c. DATE SIGNED 5-15-50		
24. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 17, 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Oak Grove, Mo.				
DATE REC'D BY LOCAL REG. 5-16-50		REGISTRAR'S SIGNATURE Donald C. Carushel		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson		ADDRESS Independence, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

480

MAY 26 RECD

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 *John M. Heiman* _____

Licensed Embalmer No. *4764* _____

P. O. Address *Independence, 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.