

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26938

3510

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>Jackson</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Genesee Ham</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City "Rural"</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>B.R. #1</u>		8150		X	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Joe</u>		b. (Middle) <u>Geray</u>		c. (Last) <u>Hutchison</u>		Aug. 16, 1950	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>aug-16-50</u>	
9. AGE (in years last birthday) _____		if UNDER 1 YEAR Months _____		if UNDER 1 YEAR Days _____		if UNDER 1 Wks. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>K.C. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Geray Hutchison</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Matulis</u>			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) _____		16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geray Hutchison</u>		ADDRESS <u>K.C. Kans.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ^(a) <u>Medullary Paralysis</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) ^(b) <u>Anemia</u>					
		DUE TO (c) ^(c) <u>Congenital Heart</u>					
		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 checked="" type="checkbox"/> NO <input 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) _____		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 <u>8-16</u> , 19 <u>50</u> to <u>8-16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-16</u> , 19 <u>50</u> and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. W. Taylor</u>				23b. ADDRESS <u>D.O. Lakeside Hospital</u>		23c. DATE SIGNED <u>8-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monett Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Monett Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-16-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.S. Maltos, K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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 *not*.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. S. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *K.C. 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.