

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27838

FILED AUG 31 1950

BIRTH NO. 5160450 REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u>		c. LENGTH OF STAY (in this place) <u>ABOUT 33 HRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u> <u>0861</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>DALE</u> b. (Middle) <u>GENE</u> c. (Last) <u>HUTCHISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 1, 1950</u>		
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>JULY 31, 1950</u>		9. AGE (In years last birthday) <u>I</u> if UNDER 1 YEAR Months <u>8</u> Days <u>30</u>
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>UNIONVILLE, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>PAUL HUTCHISON</u>		13b. MOTHER'S MAIDEN NAME <u>GENEVA LEONARD</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>PAUL HUTCHISON R.F.D. NO. 4 UNIONVILLE,</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>White's sequela</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital defect</u> 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 <u>36 hours</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 31, 1950, to Aug 1, 1950, that I last saw the deceased alive on Aug 1, 1950, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas L. Ladd</u>		23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>8/2/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>AUGUST 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CINCINNATI, IOWA</u>					

DATE REC'D BY LOCAL REG. <u>8-24-50</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> <u>266</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u> ADDRESS <u>UNIONVILLE, MO.</u> BY <u>John A. Comstock</u>	
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(Licensed Embalmer's Statement of Reverse Side)

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

S. No. 300
V. 10.48

Date Received: AUG 29 1950
DISTRICT HEALTH OFFICE #2
District File Number 8-50-1412
Date Filed: AUG 30 1950

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 H. Comstock

Licensed Embalmer No. _____

3891

P. O. Address _____

Unionville, 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.