

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36485

FILED NOV 24 1950

State File No. _____

83

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>4138</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u>		c. LENGTH OF STAY (in this place) <u>11 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u>		02 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>BERTON</u> c. (Last) <u>HUTTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 14 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 29-1881</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>18</u>	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Anderson Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John A. Hutton</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Elliott</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Steel HUTTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-15-5</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maud Hutton Lathrop, Mo.</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Obstruction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of gastrointestinal tract probably gastric</u>						
	DUE TO (c) <u>Cancer of hip</u>						
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic hypertension but decomp</u>					<u>140X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of hip removed 18 months ago</u>				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) _____		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>Nov 10, 1950, to Nov 14, 1950</u> , that I last saw the deceased alive on <u>Nov 14, 1950</u> , and that death occurred at <u>2:30</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clair H. Higgins M.D.</u>				23b. ADDRESS <u>Lathrop, Mo.</u>		23c. DATE SIGNED <u>Nov 15 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery Lathrop</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-15-50</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Mosley</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>DeMar Crunk Cameron</u>		ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



DEC 18 1950

JAN 20 1951

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: *Harold L. Walker*

Licensed Embalmer No. *45-88*

P. O. Address *Lynch 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.