

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

41135

State File No. _____
Registrar's No. 498

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Calif. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) South Gate	
c. LENGTH OF STAY (In this place) 3 mo.		d. STREET ADDRESS (If rural, give location) 9627 Bryson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium		8040 8	

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Jane c. (Last) Hutchens			4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1950		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Jan. 12, 1870		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR: Months _____ Days _____	
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) Humansville, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Gerard		13b. MOTHER'S MAIDEN NAME Mary Marshall		14. NAME OF HUSBAND OR WIFE D. A. Hutchens (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME B. H. Thurlow, Independence, Mo.	

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) Decompensated Heart		DUPLICATE OF (b) Arterio Sclerosis			4500	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) Checked & Diagnosed Heart 11-7-50				
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 checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:45P** m., from the causes and on the date stated above.

23a. SIGNATURE Hugh A. Queen Coroner (Degree or title)		23b. ADDRESS 1034 Rialto Bldg		23c. DATE SIGNED 12-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Dec. 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	
24d. LOCATION (City, town, or county) (State) Atchison, Kansas					

DATE REC'D BY LOCAL REG. Dec. 28-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Independence, Mo.	
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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 E. Hoedel

Licensed Embalmer No. *4609*

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.