

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8558
State File No. 1015

FILED MAR 31 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>46 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1816 Grove St. Apt. #72-6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1816 Grove St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) _____ c. (Last) <u>Hutchison</u>			4. DATE OF DEATH (Month) <u>3</u> (Day) <u>5</u> (Year) <u>1951</u>	
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1901</u> <u>May 2, 1903</u>		9. AGE (In years less than 1 day) <u>47</u> If UNDER 1 YEAR: Months <u>10</u> Days <u>2</u> If UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
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13a. FATHER'S NAME <u>Caviala Gilmore</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Hutchison</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gracie Williams</u> ADDRESS <u>2021 E. 18th</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Acute myocarditis</u>				43 1/2	
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 <u>no</u>		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) <u>K.C. (Kaw) Jackson, Mo.</u>	
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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 <u>no</u>	
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22. I hereby certify that I attended the deceased from 3-1-51, 1951, to 3-5-51, 1951, that I last saw the deceased alive on 3-3-51, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry B. Lyons M.D.</u> (Degree or title) _____		23b. ADDRESS <u>1605 E. 8-18th St.</u>		23c. DATE SIGNED <u>3/6/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/10/51</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Lincoln</u>		24d. LOCATION (City, town, or county) (State) <u>2021 Blue Ridge</u>	
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DATE REC'D BY LOCAL REG. <u>3-7-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brigham & Jones</u> ADDRESS <u>2300 E. 18th.</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lawrence A. Jones

Lawrence A. Jones

Signed.....
Student Embalmer

Licensed Embalmer No..... 4429

P. O. Address 2300 E. 18th St.

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.