

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1951

State File No. 16604  
1876  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>199</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 <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>		a. STATE <b>Kansas</b>		b. COUNTY <b>Wyandotte</b>	
c. LENGTH OF STAY (In this place) <b>2 Wks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>1017 Miami</b>		<b>8150</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1017 Miami</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)	
a. (First) <b>John</b>	b. (Middle) <b>W</b>	c. (Last) <b>Hutton</b>	(Month) <b>Apr.</b>	(Day) <b>29,</b>	(Year) <b>1951</b>	IF UNDER 1 YEAR Months <b>77</b>	IF UNDER 24 HRS. Days <b>77</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb 28 1874</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>77</b>	IF UNDER 24 HRS. Days <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>St Clair Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Andy Hutton</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Jane De Lozier</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie Hutton</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mattie Hutton K.C.K.</b>			
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, asthenia, 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) <b>Ventricular fibrillation</b>				<b>sudden</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b>				<b>11 days</b>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Broncho-pneumonia</b>				<b>4201</b>	
						<b>7 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 <b>4-18-51</b> , 19___, to <b>4-29-51</b> , 19___, that I last saw the deceased alive on <b>4-29-51</b> , 19___, and that death occurred at ___ m., from the causes and on the date stated above.							
23a. SIGNATURE, <b>E. G. Neighbor</b> (Degree or title)				23b. ADDRESS <b>3119 Strong, Kansas City, Kans</b>		23c. DATE SIGNED <b>5-1-51</b>	
24a. BURIAL (CREMATION, REMOVAL) (Specify)		24b. DATE <b>May 1 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Kansas</b>	
DATE REC'D BY LOCAL REG. <b>5-1-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Simmons Funeral Home K.C.K.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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..... *Domen H James* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4828* .....

P. O. Address..... *H. E. H* .....

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.