

5. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1951

State File No. 19881
3381
Registrar's No. 3381

BIRTH NO. 36371-57 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Roberson Avenue 6 | |
| c. LENGTH OF STAY (in this place) 1 day | | d. STREET ADDRESS (If rural, give location) 2024 N. Roberson Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) MELVIN c. (Last) HUTCHINSON | | | 4. DATE OF DEATH (Month) (Day) (Year) June 15, 1951 | | |
| 5. SEX Male | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | |
| 8. DATE OF BIRTH 15 June 1951 | | 9. AGE (In years last birthday) 0 | | 10. # UNDER 1 YEAR 0 | |
| 11. # UNDER 1 YEAR 0 | | 12. # UNDER 1 YEAR 0 | | 13. # UNDER 1 YEAR 1 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (State or foreign country) Springfield, Missouri | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Harrison J. Hutchinson | | 13b. MOTHER'S MAIDEN NAME Maddie Marie Brooks | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME H.J. Hutchinson | |
| | | | | ADDRESS Springfield, Missouri | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH 0 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Defect | | ANTECEDENT CAUSES | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) _____ | | | |
| | | DUE TO (c) _____ | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. Premature Labor 35 weeks | | | |

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|--|--|--|--|---|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 7544 | | | 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 6-15, 1951, to 6-15, 1951, that I last saw the deceased alive on 6-15, 1951, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

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|--|--|----------------------------------|--|---|--|---|--|
| 23a. SIGNATURE J.L. Johnston MD | | (Degree or title) | | 23b. ADDRESS Springfield, Mo | | 23c. DATE SIGNED 6-15-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 16 June 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Greenland Cemetery | | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri | |

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|--|--|---|--|---|--|------------------------------------|--|
| DATE REC'D BY LOCAL REG. 6-16-51 | | REGISTRAR'S SIGNATURE W.E. Handley MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Frederic C. Thieme | | ADDRESS Springfield, Mo. | |
|--|--|---|--|---|--|------------------------------------|--|

(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 _____

Was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed *Ralph H. Thieme*

Licensed Embalmer No. 3681

Signed.....
Student Embalmer

P. O. Address Springfield, Missouri

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.