

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28369

State File No.

FILED SEP 1 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY /				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3739 Westminster				d. STREET ADDRESS (If rural, give location) 3739 Westminster			
3. NAME OF DECEASED (Type or Print) a. (First) Lonnie		b. (Middle) B.		c. (Last) Hutchens		4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15, 1901	
9. AGE (In years last birthday) 50		10. KIND OF BUSINESS OR INDUSTRY Truck Driver		11. BIRTHPLACE (State or foreign country) Troy, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Hutchens		13b. MOTHER'S MAIDEN NAME Mary Presley		14. NAME OF HUSBAND OR WIFE Lottie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 401-16-5798		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lottie Hutchens ADDRESS 3739 Westminster			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 3 MOS 6 MOS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4.201					
22. I hereby certify that I attended the deceased from Jan. 1933 , to Aug 23, 1951 , that I last saw the deceased alive on 8/23 , 1951, and that death occurred at 3:15 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE M. J. Mustachkin (Name or title) M.D.				23b. ADDRESS 3903 Olive St.		23c. DATE SIGNED 8/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-26-51		24c. NAME OF CEMETERY OR CREMATORY Sulphur Lake		24d. LOCATION (City, town, or county) (State) Troy, Mo.	
DATE REC'D BY LOCAL REG. AUG 23 1951		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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.

Student
Student Embalmer

Signed

John S. Demmel
.....
Licensed Embalmer No. *4194*
P. O. Address.....

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.