

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. LENGTH OF STAY (If this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Normandy</u>		4161	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GIBSON Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3209 Cape Hart Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ABIGAIL</u>		b. (Middle) <u>HESTER</u>		c. (Last) <u>HUTCHESON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec - 1 - 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov-24-1867</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Knox Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Eliphiah Hutcherson</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ferril</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edward Hipman</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Portal Cirrhosis</u> ANTECEDENT CAUSES A. Forbid 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. <u>Cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>20 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>				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)		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 <u>11-26, 1951</u> , to <u>12-1, 1951</u> , that I last saw the deceased alive on <u>12-1, 1951</u> , and that death occurred at <u>11:43P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Fabrey, M.D.</u> (Degree or title)				23b. ADDRESS <u>Edina, Mo</u>		23c. DATE SIGNED <u>12-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bee Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Knox Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec-4-1951</u>		REGISTRAR'S SIGNATURE <u>Neil S. Hummel</u>		151		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u>	
						ADDRESS <u>Edina Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0578

Date Received: DEC 8 1957
DISTRICT HEALTH OFFICE #2
District File Number 12-51-225
Date Filed:

DEC 11 1957

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

Keith Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina 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.