S. No. 300
v. 10.48

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38241

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5-837 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Neosho Rural Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Goodman 0600
d. STREET ADDRESS (If rural, give location): Gen Del. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): Everett
c. (Last): Hutchison Sr.

4. DATE OF DEATH (Month) (Day) (Year): Nov 4 1951

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: March 25-1894

9. AGE (In years last birthday): 57 — If under 1 year: Months 7, Days 9 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Selling

11. BIRTHPLACE (State or foreign country): Neosho, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: Leo Hutchison Jr. — ADDRESS: Goodman Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Essential Hypertension

DUE TO (c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 331X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 7, 1951, *to* Nov 4, 1951, *that I last saw the deceased alive on* Nov 4, 1951, *and that death occurred at* 1:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold C. Ward, D.O.

23b. ADDRESS: Goodman Mo

23c. DATE SIGNED: 11/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov 6-1951

24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

24d. LOCATION (City, town, or county) (State): Neosho Mo

DATE REC'D BY LOCAL REG.: Nov. 14, 1951

REGISTRAR'S SIGNATURE: Melvin C. Bowman

25. FUNERAL DIRECTOR'S SIGNATURE: Clark-Bigham Mort. — ADDRESS: Neosho

(Licensed Embalmer's Statement on Reverse Side)

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

730
3

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 1151-363
Date Filed NOV 21 1951

NEOSHO, MISSOURI

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 K. Ly — White

Signed.....
Student Embalmer

Licensed Embalmer No. 4240

P. O. Address Neosho Mo.

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.