

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5863

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 5831		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Franklin			c. LENGTH OF STAY (in this place) 67yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Franklin			0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION At Farm Home				d. STREET ADDRESS (If rural, give location) Stark City #					
3. NAME OF DECEASED (Type or Print) Sarah			a. (First)		b. (Middle) Josephine		c. (Last) Hutchings		
4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1952									
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July/2/1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 6	IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Loftis			13b. MOTHER'S MAIDEN NAME Mary Ann Stamps			14. NAME OF HUSBAND OR WIFE Ed Hutchings (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Sherman Jones, Stark City #				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure Senile ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible Visual Carcinoma				INTERVAL BETWEEN ONSET AND DEATH 6 wks Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 444 X H			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) (Min.)		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 Feb 2, 1952 to Feb. 8, 1952, that I last saw the deceased alive on Feb 8, 1952, and that death occurred at 8:45 A. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James L. Holmes, D.O.				23b. ADDRESS Wheaton Missouri		23c. DATE SIGNED 2/11/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/10/1952	24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery		24d. LOCATION (City, town, or county) (State) Newton County. Mo.				
DATE REC'D BY LOCAL REG. 2-13-1952		REGISTRAR'S SIGNATURE Alpha Dyer 369		25. FUNERAL DIRECTOR'S SIGNATURE Wm Morris Rouse		ADDRESS Wheaton Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

30

300
0.48

RECEIVED

District Health Officer No. ~~100-100~~ NEWTON COUNTY HEALTH UNIT

District File Number 252-15

Date Filed FEB 19 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James Kenneth Durr

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.