

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8418

State File No.

FILED MAR 22 1952

1112

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL 0070</u>	
c. LENGTH OF STAY (in this place) <u>3 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>722 EAST WALNUT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HAZELWOOD NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IVA</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>HUTSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 6 1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2 APRIL 15, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>EL DORADO SPRINGS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM CORNELIUS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE HARDIN</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES T. HUTSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-10-7940D</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose G. Loveland</u>	ADDRESS <u>6027 Oak St. St. L.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>5 yrs</u> <u>4201</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>General Arterio-Sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-11, 1951, to 3-6, 1952, that I last saw the deceased alive on 2-27, 1952, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

22a. SIGNATURE <u>F. W. Thompson</u> (Degree or title)	23b. ADDRESS <u>705 Bryant Bldg</u>	23c. DATE SIGNED <u>3-7-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>3-8-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Newcomer</u>	ADDRESS <u>St. Louis, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert E. Shuman*

Licensed Embalmer No. *4849*

P. O. Address *R.C.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.