

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9559

State File No.

Hutchens
FILED APR 4 1952

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 4452 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If in a hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>LEWIS</u> c. (Last) <u>KUTCHENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1952</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 3 1889</u>	9. AGE (In years last birthday) <u>62</u> Months <u>7</u> Days <u>17</u>	IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	------------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>manager of Wentzville Iceplant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Wm Hutchens</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Crowley</u>	14. NAME OF HUSBAND OR WIFE <u>Lorene Hutchens</u>
---------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>488-26-043</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lorene Hutchens</u>	ADDRESS <u>Wentzville, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</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) (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 Nov. 22, 1952, to Nov. 30, 1952, that I last saw the deceased alive on 3/30, 1952, and that death occurred at 9:22 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.C. W.C. Murray M.D.</u>	23b. ADDRESS <u>Wentzville, Mo</u>	23c. DATE SIGNED <u>3/30/52</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 6, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sulphurick Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4/1/52</u>	REGISTRAR'S SIGNATURE <u>Marie P. Poff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Boy</u>	ADDRESS <u>Jay mo</u>
--	--	--	-----------------------

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

920
1

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.

Signed Wayne Mc Coy.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3586.....

P. O. Address Irroy 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.