No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11664

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6092 Registrar's No. 60

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): Grand Pass-36Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles North West of Marshall

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Grand Pass Twn. 0970
d. STREET ADDRESS (If rural, give location): 7 Mi.North West of Marshall

3. NAME OF DECEASED (Type or Print)
a. (First): Lester
b. (Middle): Willis
c. (Last): Hutcherson

4. DATE OF DEATH (Month) (Day) (Year): Mar. 12 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Mar ried /
8. DATE OF BIRTH: Dec.16,1876
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 3 Days 26 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Stock Man-Own Farm
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Shackelford, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Hutcherson
13b. MOTHER'S MAIDEN NAME: Anna Willis
14. NAME OF HUSBAND OR WIFE: Ida Doolan Hutcherson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lester W.Hutcherson, Marshall 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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertention
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Charcots knee — 16 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 443X
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): Marshall Saline Mo
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* June, 1932, *to* Mch 12, 1952, *that I last saw the deceased alive on* Mch. 11, 1952, *and that death occurred at* 5.30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G Aikin M.D. 0
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: Mch. 14, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 3/14/52
24c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
24d. LOCATION (City, town, or county) (State): 7 mi. North West of Marshall Mo.

DATE REC'D BY LOCAL REG.: March, 14, 52
REGISTRAR'S SIGNATURE: Sidney T. Gray 385 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Leslie Swinney-Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Leslie Burney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.