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

State File No. 12492

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5414 Registrar's No. 20

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

1. PLACE OF DEATH
a. COUNTY Douglas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ava, R, Washington
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)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ava, Rural, Washington 0340
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Sallie b. (Middle) Lois c. (Last) Hutchinson

4. DATE OF DEATH (Month) (Day) (Year) 4-5-52

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 5-18-81

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 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 Own home

11. BIRTHPLACE (State or foreign country) Osgood, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jackie Armstrong

13b. MOTHER'S MAIDEN NAME Mary Smedley

14. NAME OF HUSBAND OR WIFE Hayes Lynn Hutchinson

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 Wm L. Hutchinson ADDRESS 710 E 1st Ave

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) Cancer

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Rectum & Sigmoid Colon
DUE TO (c)

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 154X

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* Mar 10 *19*52*, to* Apr 4*, 19*52*, that I last saw the deceased alive on* Apr 4*, 19*52*, and that death occurred at* 6:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] Dr

23b. ADDRESS Ava, Mo.

23c. DATE SIGNED Apr 12/52

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

24b. DATE 5-7-52

24c. NAME OF CEMETERY OR CREMATORY Goodhope

24d. LOCATION (City, town, or county) (State) Ava, Missouri

DATE REC'D BY LOCAL REG. May 6-52

REGISTRAR'S SIGNATURE Vestal Bushman 84-1

25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Ava, Mo. ADDRESS

(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 Charles R Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.