

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13318  
State File No.

0495

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) All Life		d. STREET ADDRESS (If rural, give location) 1005 Valley	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1005 Valley			
3. NAME OF DECEASED a. (First) Mary b. (Middle) c. (Last) Hutchins			4. DATE OF DEATH (Month) (Day) (Year) 4-9-1952
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-2-1873
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Washburn, Missouri
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	12. CITIZEN OF WHAT COUNTRY'S U.S.
13a. FATHER'S NAME John Ware		13b. MOTHER'S MAIDEN NAME Jane Snodgrass	14. NAME OF HUSBAND OR WIFE John Hutchins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Hutchins, 1005 Valley., Joplin, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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)		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 <u>Apr 8</u> , 19 <u>52</u> , to <u>Apr 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 8</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John W. Koshulu, MD</u> (Degree or title)		23b. ADDRESS <u>Joplin, Mo.</u>	
23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-11-52	
24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 4-15-52		REGISTRAR'S SIGNATURE <u>[Signature]</u> 38	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Thoroughhill-Dillon Mortuary, Joplin, Mo	

RECEIVED 4-21-52  
Jasper County Health Office

County File Number 52/4/308

Date Filed 4-21-52

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Carla Hamilton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address. Joplin, 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.