

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17078**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **69**

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Montgomery Twp 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital		d. STREET ADDRESS (If rural, give location) Lynchburg, Mo. 1	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Ernest c. (Last) Hutsell			4. DATE OF DEATH (Month) (Day) (Year) May 6-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 1st 1895	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	11. BIRTHPLACE (State or foreign country) Huggins, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Richard Hutsell	13b. MOTHER'S MAIDEN NAME Martha	14. NAME OF HUSBAND OR WIFE Grace Hutsell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Faye Cantrell	ADDRESS Lebanon Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Hypostatic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Valvular of Small Intestine DUE TO (c) Adhesion of Intestine		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5703			

19a. DATE OF OPERATION 4-28-52	19b. MAJOR FINDINGS OF OPERATION Valvular of Small Intestine, Intestine distended greatly, adhesions, Intestine loops of intestine adherent to outer peritoneal wall	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) (M.)	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 **4-15**, 19**52**, to **5-6**, 19**52**, that I last saw the deceased alive on **5-6**, 19**52**, and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. [Signature]	(Degree or title)	23b. ADDRESS Lebanon, Mo	23c. DATE SIGNED 5-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 8-1952	24c. NAME OF CEMETERY OR CREMATORY Dutch Chapel	24d. LOCATION (City, town, or county) (State) Embley, Mo.
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DATE REC'D BY LOCAL REG. 5-14-1952	REGISTRAR'S SIGNATURE Wella L. Day	424	25. FUNERAL DIRECTOR'S SIGNATURE Russell Barber	ADDRESS Mt. Grove, Mo.
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Received MAY 2 1952

St. Louis County Health Unit

File No. 5-52-61

Date Filed MAY 27 1952

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address 27th Grove 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.