.S. No. 300
ev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23905

State File No.

BIRTH NO. REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5223 Registrar's No. 17

0220
3

1. PLACE OF DEATH
a. COUNTY: CHRISTIAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" POLK
c. LENGTH OF STAY (In this place): 30 MINUTES
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HARRIS AMBULANCE ON HIGHWAY #60 1 MILE NORTH BILLINGS, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" POLK 0220
d. STREET ADDRESS (If rural, give location): RT. # 1, BILLINGS 0

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): LEE
c. (Last): HUTTER

4. DATE OF DEATH (Month) (Day) (Year): JULY 24 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: OCT. 15 - 1924

9. AGE (In years last birthday): 27
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): STENOGRAPHER

10b. KIND OF BUSINESS OR INDUSTRY: INTERNATIONAL HARVESTER IMP. CO.

11. BIRTHPLACE (State or foreign country): BILLINGS, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ALBERT J. HUTTER

13b. MOTHER'S MAIDEN NAME: KATIE BAUM

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 497-22-6148

17. INFORMANT'S SIGNATURE OR NAME: ALBERT J. HUTTER
ADDRESS: RT. #1, BILLINGS, 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) Ingestion of Lysol — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Depressed, Nervous condition
DUE TO (c) E9714

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Deceased had a feeling of not being liked by her friends and a general thought of not caring what happened when given encouragement.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): POLK CHRISTIAN MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JULY 23 1952 11:30 P.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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 12:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Dean Harris (Degree or title): Coroner Christian Co.

23b. ADDRESS: Clever, Missouri

23c. DATE SIGNED: July 25 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0

24b. DATE: JULY 28 1952

24c. NAME OF CEMETERY OR CREMATORY: ST. JOHN'S EVANGELICAL

24d. LOCATION (City, town, or county) (State): CHRISTIAN Co. MO.

DATE REC'D BY LOCAL REG.: 7-28-52

REGISTRAR'S SIGNATURE: Allene Drees 60-0

25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris
ADDRESS: Clever Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 6 1952

APR 10 1953

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.