

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37728

State File No. \_\_\_\_\_  
Registrar's No. 1273

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FILE DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS (If rural, give location) 8416 Carnegie St.	
3. NAME OF DECEASED (Type or Print) a. (First) LEE b. (Middle) A. c. (Last) HUTSON			4. DATE OF DEATH (Month) (Day) (Year) 12 2 1952
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 9-2-1867
9. AGE (In years less birthday) 85		# UNDER 1 YEAR Months	# UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. R.R.	11. BIRTHPLACE (State or foreign country) Clinton, Illinois /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William T. Hutson	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Lottie Hutson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Painter, 6416 Carnegie St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorage		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Hypertensive Cardial Vascular Disease Unk.	
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 443x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <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 11-26, 1952, to 12-2, 1952, that I last saw the deceased alive on 12-1, 1952, and that death occurred at 11:10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>Anna Painter</i> (Degree or title) MA		23b. ADDRESS Tootle Building, St. Joseph, Mo.	
23c. DATE SIGNED 12-5-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24b. DATE 12-5-1952	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Dec. 6, 1952		REGISTRAR'S SIGNATURE <i>Carl C. Casper</i> 44's	
FUNDAL DIRECTOR'S SIGNATURE <i>John D. Ruff</i>		ADDRESS St. Joseph, Mo.	

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

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**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 E. Rupp* \_\_\_\_\_

Licensed Embalmer No. *3986* \_\_\_\_\_

P. O. Address *St. Joseph, 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.