

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42731

State File No. ....

REC'D DEC 24 1952

BIRTH NO. ... REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 103

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

1. PLACE OF DEATH a. COUNTY <b>LAWRENCE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>AURORA</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>AURORA</b> <b>0551</b>	
c. LENGTH OF STAY (in this place) <b>YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>309 E SPRINGFIELD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>309 E SPRINGFIELD</b>			
3. NAME OF DECEASED a. (First) <b>JOHN</b>		b. (Middle) <b>E</b> c. (Last) <b>HUTCHISON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 17 52</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 22, 1876</b>
9. AGE (In years last birthday) <b>76</b>		10. IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>CLINTON CO., MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOHN HUTCHISON</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA</b>	
14. NAME OF HUSBAND OR WIFE <b>MAUDE B HUTCHISON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MAUDE B HUTCHISON</b>		ADDRESS <b>Aurora</b>	
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) <b>Myocarditis - chronic</b> INTERVAL BETWEEN ONSET AND DEATH <b>years</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Coronary Sclerosis</b> <b>Cardiac Hypertrophy</b> 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 <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>1948 to Dec-17, 1952</b> , that I last saw the deceased alive on <b>Dec 17, 1952</b> , and that death occurred at <b>3:30 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. P. Capetti</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Aurora, Mo.</b>	
23c. DATE SIGNED <b>12-19-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/21/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>		24d. LOCATION (City, town, or county) (State) <b>AURORA MO.</b>	
DATE REC'D BY LOCAL REG. <b>12-22-52</b>		REGISTRAR'S SIGNATURE <b>Dr. McRath 157</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm Wood Jr</b>		ADDRESS <b>Aurora</b>	

**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 James R. Craft  
Licensed Embalmer No. 4668

P. O. Address Aurora, Ill.

**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.