

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

704

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No. 13

6000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FISHING R. TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>4 MILES S. EXCELSIOR SPRINGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MILES S. EXCELSIOR SPRINGS</u>		e. STREET ADDRESS (If rural, give location) <u>4 MILES S. EXCELSIOR SPRINGS</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle)	c. (Last) <u>HUTCHINGS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 8, 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 14, 1874</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CHARLES OVERMAN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN MYERS</u>	14. NAME OF HUSBAND OR WIFE <u>EPHRIAM HUTCHINGS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ZONA SMITH, EXCELSIOR SPRINGS, Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute) _____	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 Jan 1945, to 1-8, 1953, that I last saw the deceased alive on 1-7, 1953, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Regina D. Stubbins M.D.</u>	(Degree & title)	23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>1/30/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>RURAL, EXCELSIOR SPRINGS, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/31/53</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Richard</u>	ADDRESS <u>Excelsior Springs Mo.</u>
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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

Indee F. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs 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.