

No. 300
10.48

FILED JAN 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2070

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 101

551

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0551</u>	
c. LENGTH OF STAY (In this place) <u>3 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>1019 Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1019 Madison</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Addie</u>	b. (Middle) <u>A.</u>	c. (Last) <u>HUTCHESON</u>	Month <u>Jan</u>	Day <u>2</u>	Year <u>1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>March 19 - 1881</u>		9. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George E. Minkley</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>William L. Hutcheson</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lois Herron</u>		
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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, ashenia, 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) <u>Cerebral Apoplexy</u>	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____				
	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			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) (Min.)	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 Sept 1, 1952 to Jan 3, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 12:10 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Herron M.D.</u>	23b. ADDRESS <u>Aurora, Mo.</u>	23c. DATE SIGNED <u>Jan 3 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DIKE Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 3-53</u>	REGISTRAR'S SIGNATURE <u>Dr. Mc Natt</u>	157	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Osceola P. Marsh Aurora, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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 *Gene W. Parent*
Licensed Embalmer No. *4809*
P. O. Address *Curra, 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.