

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13552**

FILED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5227** Registrar's No. **63**

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

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (If in this place) 60 days		d. STREET ADDRESS (If rural, give location) 1 1/2 mile North Harrisonville	
d. FULL NAME OF (If not in hospital, or institution, give street address or location) HOSPITAL OR INSTITUTION Pleasant View Rest Home			

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) FINLEY c. (Last) HUTCHISON			4. DATE OF DEATH (Month) (Day) (Year) April-21-1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 28-1881		9. AGE (In years last birthday) 71		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (City and State or Foreign Country) Cleveland Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer			

13a. FATHER'S NAME James Hutchison		13b. MOTHER'S MAIDEN NAME Elizabeth Meader		14. NAME OF HUSBAND OR WIFE Martha Hutchison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilma Utton Urick Mo.	

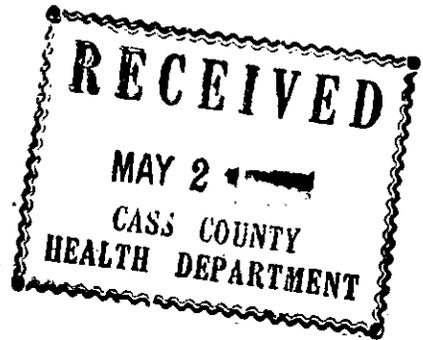
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral sclerosis DUE TO (c) Spastic paraplegia			
		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"/>	
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) 352x	
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 **12/10, 1952**, to **4/21, 1953**, that I last saw the deceased alive on **4/21, 1953**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Robbins M.D.		23b. ADDRESS Peculiar, Mo.		23c. DATE SIGNED 4/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-53		24c. NAME OF CEMETERY OR CREMATORY Cleveland Cemetery	
		24d. LOCATION (City, town, or county) (State) 1 1/2 mi. N-E. Cleveland Mo.			

DATE REC'D BY LOCAL REG. Apr 27, 1953		REGISTRAR'S SIGNATURE Dora Barward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Myers Cleveland Mo.	
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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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.