X

S. No. 300
Rv. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15036

State File No. 47

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. _____

0670
3

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

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 1½ Mi. E. Of Wyatt, HY. 60
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HY. 60 1½ Mi. E. Of Wyatt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyatt 0670
d. STREET ADDRESS (If rural, give location): Wyatt, Mo. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Marvin
b. (Middle): Lee
c. (Last): Hutson

4. DATE OF DEATH (Month) (Day) (Year): March, 10, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated 1
8. DATE OF BIRTH: Oct. 22, 1919
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Mississippi County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Aaron Hutson
13b. MOTHER'S MAIDEN NAME: Ethel Hutson
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Aaron Hutson, Charleston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, chest, & Abdominal injuries.

ANTECEDENT CAUSES — INTERVAL BETWEEN ONSET AND DEATH: Instantly.

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: Deceased walking on 60 high way East of Wyatt, Mo.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 067 E8120 25
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 60 High way
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Miss. Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Deceased walking on high way struck by truck after dark

22. *I hereby certify that I attended the deceased from* No medical attendance *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Travis Shelby 3 Coroner
23b. ADDRESS: East Prairie Mo.
23c. DATE SIGNED: 3-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/12/53
24c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
24d. LOCATION (City, town, or county) (State): Hickman, Kentucky

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Jean Fancher 480-1
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: John F. Nunnelee Jr. The Nunnelee Funeral Chapel, Charleston, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dept
County File No._____ MAY 7 REC'D
Date Filed ~~MAY 8 - 1953~~

MAY 1 1953

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 T. Nunnelee Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, 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.