

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16886

FILED MAY 4 1953

State File No. \_\_\_\_\_  
Registrar's No. 9

BIRTH NO. _____		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>4541</u>		State File No. _____		Registrar's No. <u>9</u>					
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).								
a. COUNTY <u>Webster</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Fordland</u>			c. LENGTH OF STAY (in this place) <u>2 yr.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Webster</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION					c. CITY (If outside corporate limits, write RURAL and give township) <u>Fordland</u>					<u>1120</u>			
d. STREET ADDRESS (If rural, give location)					<u>0</u>								
3. NAME OF DECEASED (Type or Print)			a. (First) <u>EVA</u>		b. (Middle) <u>L</u>		c. (Last) <u>HUTCHISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 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>June 6, 1898</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>			11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Arthur Cawthra</u>				13b. MOTHER'S MAIDEN NAME <u>Lydia Lathrop</u>				14. NAME OF HUSBAND OR WIFE <u>F. J. Hutchison, (Dec.)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances Cardwell Fordland, Mo.</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH				
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u>											
		ANTECEDENT CAUSES											
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
		DUE TO (b) _____											
		DUE TO (c) _____							<u>171X</u>				
		II. OTHER SIGNIFICANT CONDITIONS											
		Conditions contributing to the death but not related to the disease or condition causing death.							<u>excessive hemorrhage</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>12-4</u> , 1952, to <u>4-22</u> , 1953, that I last saw the deceased alive on <u>4-8</u> , 1953, and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>[Signature]</u>					23b. ADDRESS <u>M.D. Seymour, Mo.</u>			23c. DATE SIGNED <u>4-28-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fordland Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Fordland, Missouri</u>						
DATE REC'D BY LOCAL REG. <u>4-29-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			ADDRESS <u>Fordland, Mo.</u>					

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

1120

6661 2 31971

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.....

working under my personal supervision.

Student Embalmer No.....

Signed..... *W. K. Fessell* .....

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4910* .....

P. O. Address *Lordland, 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.