

No. 300  
10.48

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18087  
2561

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY JOHN SON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OIA T HE 8150	
c. LENGTH OF STAY (in this place) 1 month		d. STREET ADDRESS (If rural, give location) 235 North Walnut Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) H OWARD b. (Middle) F OWLER c. (Last) H UTCHINSON	4. DATE OF DEATH (Month) (Day) (Year) MAY 18 19 53
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 1, 1887	9. AGE (In years last birthday) (In months) (In days) 66 2 17	10. IF UNDER 1 YEAR (Days) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OSTEOPATHIC DOCTOR	10b. KIND OF BUSINESS OR INDUSTRY DOCTOR	11. BIRTHPLACE (State or foreign country) DE WITT, ARK ANSAS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS HALEY HUTCHINSON	13b. MOTHER'S MAIDEN NAME BESSIE FOWLER	14. NAME OF HUSBAND OR WIFE RENAH MAY HUTCHINSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. RENAH MAY HUTCHINSON *WIFE* OLATHE, KS.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of left kidney</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		180X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from Dec 12, 1952, to May 18, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.A. Fawkes E.A. Fawkes M.D.	23b. ADDRESS No. 2 Merriam, Kans	23c. DATE SIGNED 5/18/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE May 18, 1953	24c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEMETERY	24d. LOCATION (City, town, or county) (State) OTTAWA KANSAS
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DATE REC'D BY LOCAL REG. 5-19-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Methu W. J. J. - Olathe KS	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 19 1957

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 \_\_\_\_\_

*Arnton W. Frye*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Arnton W. Frye*

Licensed Embalmer No. *3615*

P. O. Address *Pluto 65*

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.