

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18088**
2311

FILED MAY 27 1953

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 33 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City d. STREET ADDRESS (If rural, give location) 4632 Penn.	
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3. NAME OF DECEASED (Type or Print) NETTIE	a. (First) NETTIE	b. (Middle) FRANCES	c. (Last) HUTSELL	4. DATE OF DEATH (Month) 5 (Day) 4 (Year) 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 4/1/1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Columbia, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Zacharia Ridgway	13b. MOTHER'S MAIDEN NAME Parthena Newman	14. NAME OF HUSBAND OR WIFE E. O. Hutsell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ross K. Hutsell, 5431 Mohawk Lane, K.C., Kan.	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, asphyxia, 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) Broncho pneumonia (Pneumonia)	DUE TO (b) Oesophageal Spasm Oesophageal Dilatation Functional Obstruction	2 days years years years
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, Osteo arthritis Fracture of hip - 1 yr ago. Occidental ulcer (anterior)	5391

19a. DATE OF OPERATION 4-30-53	19b. MAJOR FINDINGS OF OPERATION Dilatation of lower oesophagus		20. AUTOPSY? YES <input checked="" 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 June 6, 1943, to May 4, 1953, that I last saw the deceased alive on May 3, 1953, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Carl R. Ferris (Degree or title) MD	23b. ADDRESS 934 Argyle Bldg Kansas City, Mo.	23c. DATE SIGNED May 4, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/6/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 5-4-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., MO.
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Mr. Carl Ferris - 934 W. 11th St. -
1920 - 5 pm

at 11:27

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

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.