

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24149

State File No.

FILED AUG 7-1953

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3001 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton		c. CITY OR TOWN Carrollton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 13 yrs		e. STREET ADDRESS (If rural, give location) 911 North Main St. 0171 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 North Main St.					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Nancy e	b. (Middle) Caroline	c. (Last) Hutchison	(Month) 7-	(Day) 23-	(Year) 53

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 1 1860	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 3	Days 22	IF UNDER 24 HRS. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (City and State or Foreign Country) Old Town Virginia. /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Ashley Logan	13b. MOTHER'S MAIDEN NAME Elizabeth Moore Logan	14. NAME OF HUSBAND OR WIFE William Hutchison (Deceased)
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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 Raymond Heins (Carrollton Mo.)	ADDRESS Carrollton Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr 10 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c)		
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 332 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept, 1939, to July 23, 1953, that I last saw the deceased alive on July 22, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE John H. Platt	(Degree or title) MA.	23b. ADDRESS Carrollton, Mo	23c. DATE SIGNED 7-24-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-25-53	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carrollton Mo.
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DATE REC'D BY LOCAL REG. 7-25/53	REGISTRAR'S SIGNATURE Tom Shulert	25. FUNERAL DIRECTOR'S SIGNATURE Marshall F. Home	ADDRESS (Carrollton Mo.)
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1954

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 476

P. O. Address Permit

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.