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

FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28381

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 762-A

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (CAMPBELL TWSHP.)
c. LENGTH OF STAY (In this place): 12 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE # 9 SPFLD,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CAMPBELL TWSHP
d. STREET ADDRESS (If rural, give location): ROUTE # 9 SPRINGFIELD

South 0390 D

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) M. c. (Last) HUTCHENS

4. DATE OF DEATH (Month) (Day) (Year): AUG. 13, 1953

5. SEX: MALE O

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: OCT. 2 1875

9. AGE (In years last birthday): 77 | 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): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: MECHANIC

11. BIRTHPLACE (City and State or Foreign Country): CASSVILLE, MISSOURI C

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: MARCH C. HUTCHENS

13b. MOTHER'S MAIDEN NAME: MARTHA (UNKNOWN)

14. NAME OF HUSBAND OR WIFE: X

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.: NO

17. INFORMANT'S SIGNATURE OR NAME: TED HUTCHENS ADDRESS: SPRINGFIELD, 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) Probably Coronary Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

UNATTENDED BY A PHYSICIAN 4201

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

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify* ~~that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__,~~ *and that death occurred at* 9 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE Edith Williamson (Degree or title) Reg. of Vital Statistics

23b. ADDRESS Springfield, Missouri

23c. DATE SIGNED 8-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 8/16/53

24c. NAME OF CEMETERY OR CREMATORY: - - - - -

24d. LOCATION (City, town, or county) (State): CASSVILLE, MISSOURI

DATE REC'D BY LOCAL REG.: 8/15/53

REGISTRAR'S SIGNATURE: Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.H. LOHMEYER SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 1962

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 Lucien T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.