

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30085

State File No.

7200

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (In this place) <u>HRS</u>	c. CITY OR TOWN <u>ROCK-HILL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BETHESDA HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>9856 MANCHESTER RD.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRIS WILLIAM HUTCHINSON</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JUL-21-1963</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 29-1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ORNAMENTAL IRON-WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>PAISLEY SCOTLAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK HUTCHINSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FERGUSON</u>	14. NAME OF HUSBAND OR WIFE <u>FLORENCE HUTCHINSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FLORENCE HUTCHINSON</u>	ADDRESS <u>ROCK HILL</u>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Posterior Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		DUE TO (b) <u>Cardiovascular accident (Cerebral Hemorrhage)</u>
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		Interval <u>many years</u>
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic asthma</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>420.1</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 5/12 1952 to July 21, 1963, that I last saw the deceased alive on July 20, 1963 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter M. Smith M.D.</u> (Degree or title)	23b. ADDRESS <u>10424 Manchester Kellwood</u>	23c. DATE SIGNED <u>7/23/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY-24-1963</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, CO - MO</u>
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DATE REC'D BY LOCAL REG. <u>JUL 24 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. Barber</u>	ADDRESS <u>Fun Home Brown</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Ronald O. Yahner*.....

Licensed Embalmer No. *391*.....

P. O. Address *St. Louis*.....

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.