

STANDARD CERTIFICATE OF DEATH

FILED **JAN 15 1954**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **108** PRIMARY REG. DIST. NO. **4172** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>DUNKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>DUNKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Senath</b>		c. CITY OR TOWN <b>Senath</b>	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		e. STREET ADDRESS (If rural, give location) <b>0350</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Zella</b> b. (Middle) <b>I</b> c. (Last) <b>HUTCHENS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 28, 53</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3 March 1874</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME <b>Elyah Baker</b>	13b. MOTHER'S MAIDEN NAME <b>Francis Romine</b>	14. NAME OF HUSBAND OR WIFE <b>Claron Hutchens</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Paul Hutchens</b> ADDRESS <b>Senath, Mo</b>

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, asthma, 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) <b>Coronary arteriosclerosis, coronary occlusion &amp; myocardial infarction</b>		<b>30 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input 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) <b>Senath</b> (COUNTY) <b>MO</b> (STATE) <b>MO</b>
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 **Sept 19 50**, to **Dec 28**, 19 **53**, that I last saw the deceased alive on **Dec 28**, 19 **53**, and that death occurred at **7:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Eberly M. Mohler</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Senath, Mo</b>	23c. DATE SIGNED <b>1-12-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12/30/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cook</b>
24d. LOCATION (City, town, or county) (State) <b>Senath Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward's funeral home, Senath, Mo</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>1-12-54</b>	REGISTRAR'S SIGNATURE <b>Mrs. J. H. Rowley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward's funeral home, Senath, Mo</b> ADDRESS

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

0360

JAN 25 1954

JAN 15 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.....  
*Edwin Cannon*

Licensed Embalmer No. 4840

P. O. Address *Smith*

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.