

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43418**

FILED DEC 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5586 Registrar's No. 252

0490

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>rural chag</u> ) <u>Marion</u>	c. LENGTH OF STAY (In this place) <u>27 yrs</u>	c. CITY OR TOWN <u>Carthage</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Carthage</u>		e. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SIDNEY</u> b. (Middle) <u>SMITH</u> c. (Last) <u>HUTCHINS</u>	4. DATE OF DEATH (Month) <u>December</u> (Day) <u>10</u> (Year) <u>1953</u>
--	--

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>Dec 17, 1880</u>	9. AGE (In years last birthday) <u>72</u>	IF ORDER 1 YEAR Months <u>12</u> Days	IF ORDER 2 HRS. Hours <u>0</u> Mins. <u>0</u>
--------------------	-------------------------------	---	---	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Greene County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Eli Hutchins</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>Eula S. Hutchins</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-18-2338</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Clarence Clang, 1037 E. Fairview, Carthage, Mo</u>
---	--	---

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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Pre-senile</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Probable cerebral Hemorrhage</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 app, 1953, that I last saw the deceased alive on app, 1953, and that death occurred at 2:00a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lloyd B. Clinton</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Carthage, Mo</u>	23c. DATE SIGNED <u>12-12-53</u>
---	-----------------------------	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec 13, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo</u>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-12-53</u>	REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Knell Mortuary Carthage, Missouri</u>
---	---	--

RECEIVED DEC 16 1953

Jasper County Health Office

County File Number 53-12-1011

Date Filed DEC 16 1953

---

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 Frank W. Kuehl.....

Licensed Embalmer No. 4440.....

P. O. Address Carthage, Mo.....

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.