

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 33028-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
CITY OR TOWN St. Louis, Missouri c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Bethesda General Hospital
e. STREET ADDRESS (If rural, give location) 3715 Wisconsin, St. Louis

3. NAME OF DECEASED (Type or Print) a. (First) Larry b. (Middle) Thomas c. (Last) Hutchinson 4. DATE OF DEATH (Month) (Day) (Year) May 13, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH May, 11, 1954 9. AGE (in years last birthday) 2 IF UNDER 1 YEAR Months 2 Days _____ IF UNDER 2 yrs. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME E.F. Hutchinson 13b. MOTHER'S MAIDEN NAME Wilma Patricia Joplin 14. NAME OF HUSBAND OR WIFE None

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 Mrs. Wilma Hutchinson ADDRESS same

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lung
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Pneumonia
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.
INTERVAL BETWEEN ONSET AND DEATH 2 days

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) 762.5

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 5-11, 1954, to 5-13, 1954, that I last saw the deceased alive on 5-13, 1954, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE A. Younger, M.D. (Degree or title) 23b. ADDRESS 3624 Russell 23c. DATE SIGNED 5-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 5-14-54 24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff 24d. LOCATION (City, town, or county) (State) Mo

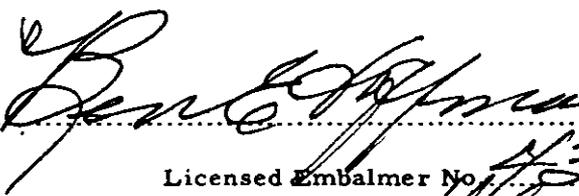
DATE REC'D BY LOCAL REG. MAY 17 1954 REGISTRAR'S SIGNATURE Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE McGreer Craig Fitch ADDRESS Poplar Bluff Mo

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

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. 43

P. O. Address 

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.