No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

DR. GENTRY

State File No. 18600

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 643

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

**1. PLACE OF DEATH**
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SPRINGFIELD
c. LENGTH OF STAY (in this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 812 W. OLIVE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 812 W. OLIVE 0346

**3. NAME OF DECEASED** (Type or Print)
a. (First) ETHEL
b. (Middle) N.
c. (Last) HUTCHINSON

**4. DATE OF DEATH** (Month) (Day) (Year) JULY 2 1954

**5. SEX** FEMALE
**6. COLOR OR RACE** WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED
**8. DATE OF BIRTH** FEB. 3 1882
**9. AGE** (In years last birthday) 72 — 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) HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY** HOME
**11. BIRTHPLACE** (City and State or Foreign Country) SPRINGFIELD, MO.
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** ALIJAH GILMORE
**13b. MOTHER'S MAIDEN NAME** ~~XXXXXXXX~~ Elizabeth Tigert
**14. NAME OF HUSBAND OR WIFE** ROBERT E. HUTCHINSON

**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** ROBERT E. HUTCHINSON — 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Heart disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of Uterus, (Fundus) — 3 years

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 443XH
**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* Aug 4, 1952 *to* 7-2-, 1954, *that I last saw the deceased alive on* 7-2-, 1954, *and that death occurred at* 3:50P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** M. L. Gentry M.D. (Degree or title)
**23b. ADDRESS** Med Arts Bldg. Spgfd Mo
**23c. DATE SIGNED** 7-3-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL
**24b. DATE** 7-6-54
**24c. NAME OF CEMETERY OR CREMATORY** HAZELWOOD
**24d. LOCATION** (City, town, or county) SPRINGFIELD, MO. (State)

**DATE REC'D BY LOCAL REG.** 7-6-54
**REGISTRAR'S SIGNATURE** Edith Williamson
**25. FUNERAL DIRECTOR'S SIGNATURE** H.H. LOHMEYER — ADDRESS SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.