No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19946

BIRTH NO. FILED JUL 15 1954 REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-944 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Platt County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville Rural Mo Pettis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN: Clarksburg
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): .0680 1

3. NAME OF DECEASED (Type or Print)
a. (First): REVIE
b. (Middle): BELL
c. (Last): HUTCHISON

4. DATE OF DEATH (Month) (Day) (Year): May 12 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-8-1889
9. AGE (In years last birthday): If under 1 year: Months 65 Days 2; If under 24 hrs.: Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Clinton Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Hutchison
13b. MOTHER'S MAIDEN NAME: Amanda Lawson
14. NAME OF HUSBAND OR WIFE: Alpha Hutchison Clarksburg Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 483-01-0109
17. INFORMANT'S SIGNATURE OR NAME: Mo Alpha Hutchison
ADDRESS: Clarksburg 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): DROWNING

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): E9298
DUE TO (c): 42

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. FELL OFF BARGE MAY 12, '54

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: AND WAS FOUND JUNE 14, '54
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): RIVER
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 083 (STATE): Pettis Platte Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 12 1954 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell off Barge

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* —— *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roland M. Giffee Coroner
23b. ADDRESS: Platte City, Mo.
23c. DATE SIGNED: June 14 1954

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

DATE REC'D BY LOCAL REG.: June 14-54
REGISTRAR'S SIGNATURE: Alpha Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Hugh E Williams
ADDRESS: California Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 14 1954

JUL 1954
RECEIVED
PLATTE COUNTY
HEALTH DEPT
BY.....

JUL 1 5

JUL 1 1954

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hugh E. Williams

Licensed Embalmer No 35 2

P. O. Address California

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