FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24182

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 207

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge
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 St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge, Missouri 0940
d. STREET ADDRESS (If rural, give location) 703 Jackson.

3. NAME OF DECEASED (Type or Print) a. (First) Mr. Lester b. (Middle) Richard c. (Last) Hutchings

4. DATE OF DEATH (Month) (Day) (Year) July 12 - 1954

5. SEX Male

6. COLOR OR RACE White Cave.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 19 - 1887.

9. AGE (In years last birthday) 66-7-23 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) Cab driver

10b. KIND OF BUSINESS OR INDUSTRY had his own business

11. BIRTHPLACE (State or foreign country) Hazel Run, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Richard Wm. Hutchings

13b. MOTHER'S MAIDEN NAME Mary Patterson

14. NAME OF HUSBAND OR WIFE Mary Adeline Shaw Hutchings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) From 2/25/1918 to 7/5/1919.

16. SOCIAL SECURITY NO. 494-38-5249.

17. INFORMANT'S SIGNATURE OR NAME Mr. Charles Hutchings (Son) ADDRESS Desloge, 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) Carcinoma of Prostate with Metastases - INTERVAL BETWEEN ONSET AND DEATH 1½-2 yrs

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 Hypertensive cardiovascular disease 3-4 yrs

Conditions contributing to the death but not related to the disease or condition causing death. Contractures, flexion of knees.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 177X

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* Sept 1953, *to* July 12, 1954, *that I last saw the deceased alive on* July 11, 1954 *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F. W. Zuspan DO 2

23b. ADDRESS Flat River Mo.

23c. DATE SIGNED 7/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Bured

24b. DATE July 14-1954

24c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cemetery

24d. LOCATION (City, town, or county) Bonne Terre (State) Mo.

DATE REC'D BY LOCAL REG. JULY 16, 1954

REGISTRAR'S SIGNATURE Esther Rudloff 284

25. FUNERAL DIRECTOR'S SIGNATURE Alvin W. Hood - 303 Crane St. ADDRESS Flat River Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr F.W. Zu

AUG 24 1954

AUG 18 1954

AUG 17 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 .....
Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.