

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26587

State File No.

No. 300
10-48

FILED AUG 17 1954

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs 6007</u>	
c. LENGTH OF STAY (in this place) <u>4 Days Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>111 WEST EXCELSIOR, ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchells Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARMINTA</u> b. (Middle) <u>JANE</u> c. (Last) <u>HUTCHINGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 9TH 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>SEPT. 17, 1881</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>CLAY COUNTY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>PRESTON L. CAMDEN</u>		13b. MOTHER'S MAIDEN NAME <u>LUCKY MOORE CAMDEN</u>		14. NAME OF HUSBAND OR WIFE <u>ELIJAH HUTCHINGS (DECEASED)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claude Hutchings</u> ADDRESS <u>Excelsior Springs, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> years DUE TO (c) <u>Chronic Arteriosclerosis</u> years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>years</u> <u>years</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8-6, 1954, to 8-9, 1954, that I last saw the deceased alive on 8-9, 1954, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. F. Lambert, D.O.</u>		23b. ADDRESS <u>Excelsior Institute Hospital</u>		23c. DATE SIGNED <u>8-10-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Enon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clay County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8/10/54</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Hope</u> ADDRESS <u>Excelsior Springs, Mo.</u>	
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WRITE PLAINLY—USING UNFAADING 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
Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.