No. 300
10.48

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38365

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 128

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Leonard Wood, Mo.
c. LENGTH OF STAY (in this place): 6 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U. S. Army Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Story
c. CITY OR TOWN: Cambridge
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): Box 522

8 140 8

3. NAME OF DECEASED (Type or Print)
a. (First): Jack
b. (Middle): L.
c. (Last): Hutson

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

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 25 July 1934
9. AGE (In years last birthday): 20 — 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): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army
11. BIRTHPLACE (City and State or Foreign Country): Marshallton, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Dwight Alvin Hutson
13b. MOTHER'S MAIDEN NAME: Mae (Unknown)
14. NAME OF HUSBAND OR WIFE: Mary Jane Hutson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 22 April 1954
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Robert Staley 2nd Lt MSC — ADDRESS: US Army Hosp Ft Wood, 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): Massive Internal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 33 Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Severance of Inferior Vena Cava
DUE TO (c): Gunshot Wound

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Perforation and Rupture of Liver and right Kidney

19a. DATE OF OPERATION: N/A
19b. MAJOR FINDINGS OF OPERATION: N/A
984X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP): Fort Leonard Wood — (COUNTY): Pulaski — (STATE): Missouri
085

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 12 54 5:33 P m.
21e. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Army Prisoner shot while attempting to escape

22. *I hereby certify that I attended the deceased from* 12 Nov, 1954, *to* 12 Nov, 1954, *that I last saw the deceased alive on* 12 Nov, 1954, *and that death occurred at* 6:06 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Kime — CHARLES E. KIME, Capt, MC MD
23b. ADDRESS: U.S. Army Hospital, Fort Leonard Wood, Missouri
23c. DATE SIGNED: 13 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-16-54
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): State Center Iowa

DATE REC'D BY LOCAL REG.: 11-15-54
REGISTRAR'S SIGNATURE: Eula Mae Anderson 458-0
25. FUNERAL DIRECTOR'S SIGNATURE: Billy Jr Hedges — ADDRESS: HEDGES FUNERAL HOMES INC CROCKER MO

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-15-54
Putnam County Health Officer
File Number
Date Filed 11-20-54

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Bruce

Licensed Embalmer No. 489

P. O. Address Waynesville

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