

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41579**

FILED DEC 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **4267** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY OR TOWN <b>Odesse</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Odesse Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Died in city hall Odesse Mo</b>		e. STREET ADDRESS (If rural, give location) <b>0540</b>	
3. NAME OF DECEASED a. (First) <b>Thomas</b> b. (Middle) <b>J</b> c. (Last) <b>Hutchens</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-20-54</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct 3-1884</b>
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foot Hall operator</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Oak Grove Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Ben Hutchens</b>	13b. MOTHER'S MAIDEN NAME <b>Not known</b>
14. NAME OF HUSBAND OR WIFE <b>Eva R Hutchens</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>709-12-8796</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Louise O'Leary Odesse Mo</b>		18. ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Drifted dead in city hall as he was saying his electric light bill in presence of city council and city clerk</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>19th death</b> , 19 <b>17</b> , to <b>Dec 20, 1954</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:45</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>B. W. Martin M.D. Coronary</b>		23b. ADDRESS <b>Odesse Mo</b>	
23c. DATE SIGNED <b>12-21-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>	
24b. DATE <b>12/20/54</b>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <b>Oak Grove Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R. B. Webb</b>	
25. ADDRESS <b>Oak Grove Mo</b>		DATE REC'D BY LOCAL REG. <b>12/20/54</b>	
REGISTRAR'S SIGNATURE <b>Emma Davidson</b>		453	

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**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.....  
Signature of Student Embalmer

Signed..... *RB Webb* .....

Licensed Embalmer No. *231*

P. O. Address *Blue Springs*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.