No. 300
10-48

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41656

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5703 Registrar's No. 28

0590
1

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

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chula-Rural-Medecine
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 3/4 mi N.E. Chula.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chula-Rural-Medecine
d. STREET ADDRESS (If rural, give location): 4 mi N.E. Chula. 0590 0

3. NAME OF DECEASED (Type or Print)
a. (First): Archibald
b. (Middle): Melvin
c. (Last): Hutchinson

4. DATE OF DEATH (Month) (Day) (Year): December 30 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 8 1865
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 9, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Melvin Hutchinson
13b. MOTHER'S MAIDEN NAME: Margaret Baty
14. NAME OF HUSBAND OR WIFE: Ada Gray Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ivan Hutchinson — ADDRESS: Chula

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) Myocardial deficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yr.
DUE TO (c)

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: 4221
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* Aug. *, 19*54*, to* Dec. 29*, 19*54*, that I last saw the deceased alive on* Dec. 29*, 19*54*, and that death occurred at* 1:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Bryan D.O.
23b. ADDRESS: Wheeling Mo
23c. DATE SIGNED: 12-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/2/1955
24c. NAME OF CEMETERY OR CREMATORY: Wallace Cemetery
24d. LOCATION (City, town, or county) (State): Chula Missouri

DATE REC'D BY LOCAL REG.: 12-31-54
REGISTRAR'S SIGNATURE: Frances B. Neill 171 0
25. FUNERAL DIRECTOR'S SIGNATURE: E.J. Robertson Funeral Home — ADDRESS: Chula Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.