

5. No. 300
7. 10-48

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41771

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BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - JACKSON TWP 24TWP.		c. CITY (If outside corporate limits, write RURAL and give township) PARIS 0690	
c. LENGTH OF STAY (In this place) 2 1/2 YRS.		d. STREET ADDRESS (If rural, give location) N. LOCUST ST. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) DUDLEY c. (Last) HUTCHISON			4. DATE OF DEATH (Month) (Day) (Year) DEC. 12, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 7	8. DATE OF BIRTH AUG 15, 1867
9. AGE (In years last birthday) 87	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and State or Foreign Country) PIKE CO. MO. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME AMATOSE W. HUTCHISON		13b. MOTHER'S MAIDEN NAME N. K.	14. NAME OF HUSBAND OR WIFE LILLIE PAULINE HUTCHISON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Lewis, ST. LOUIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obvious Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222	
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)		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 9:20 A.M. , 1954, to Dec. 12, 1954 , that I last saw the deceased alive on Dec. 12, 1954 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 12-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-14-54	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-13-54	REGISTRAR'S SIGNATURE F. D. Barnett, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed Blakey, PARIS, MISSOURI	

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WRITE PLAINLY—USING UNFADING 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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.