

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43140**

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6156		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Missouri b. COUNTY Stone			
b. CITY OR TOWN Rural - James		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural - James		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Mi. N.W. of Blue Eye				d. STREET ADDRESS (If rural, give location) 2 Miles NW of Blue Eye, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) WASHINGTON		c. (Last) HUTCHISON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 24 Feb. 1869		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours 16 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Hutchison			13b. MOTHER'S MAIDEN NAME Martha Blevins		14. NAME OF HUSBAND OR WIFE Belle Pittman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Bertie Butler-Blue Eye, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ascending Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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. Generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 16 mo's
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Sept 6, 1953 , to 11/10, 1954 , that I last saw the deceased alive on 11/9, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W.C. Magnus M.D.				23b. ADDRESS Branson, Mo		23c. DATE SIGNED 11-13-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-14-54	24c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery		24d. LOCATION (City, town, or county) (State) Stone Co. Missouri		
DATE REC'D BY LOCAL REG. Dec. 10 - 1954		REGISTRAR'S SIGNATURE Wm D. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Charles M. Nelson - Berryville, Ark		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 Charles M. Nelson

Licensed Embalmer No. 815 sub.

P. O. Address Berryville, 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.