

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1122 Penn St.</u>		e. STREET ADDRESS (If rural, give location) <u>1102 1122 Penn.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Perry</u>	b. (Middle) <u>Willard</u>	c. (Last) <u>Hutinger</u>	<u>2-2-55</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>11-22-1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Hours _____ Min. _____
--------------------	-------------------------------	------------------------------------------------------------------------	------------------------------------	-------------------------------------------	-----------------------------------------	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------	---------------------------------------------------------------------------------	---------------------------------------------

13a. FATHER'S NAME <u>James Hutinger</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Ott.</u>	14. NAME OF HUSBAND OR WIFE <u>Pauline Hutinger</u>
---------------------------------------------	-----------------------------------------------	--------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie McCullough</u>	ADDRESS <u>4231 Greenwood Place</u>
----------------------------------------------------------------------------------------------------------------------	----------------------------------------	--------------------------------------------------------------------	----------------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>
	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. <u>Secretary from Gen. Staff of Employment</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Chronic Bronchitis, atelectasis, emphysema, Part Resected</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rugh H. Owens</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>1034 Rio Vista Blvd</u>	23c. DATE SIGNED <u>2-3-55</u>
----------------------------------------------------------------	--------------------------------------------	-----------------------------------

24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>2-6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Kan City, Wyandotte Kans</u>
--------------------------------------------------	----------------------------	---------------------------------------------------------	----------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>2-5-55</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blaine E. Wulbert</u>	ADDRESS <u>K.C. Mo</u>
-------------------------------------------	-----------------------------------------------	--------------------------------------------------------------	---------------------------

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.....
Signature of Student Embalmer

Signed..... *B. E. Wulbert*

Licensed Embalmer No. *407*

P. O. Address..... *K.C. 8, 1*

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.