No. 300
10-48

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19822

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 177

940
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL ST. FRANCOIS
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MINERAL AREA OSTEO. HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN: ELVINS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 111 Shaw

0940
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3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): H.
c. (Last): HUTCHINGS

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1955

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 10-11-1880
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 8, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI (Dent County)
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Marshall Hutchings
13b. MOTHER'S MAIDEN NAME: Margaret Camden
14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Bob Christain, ADDRESS: Elvins, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis. — 20 yrs.
DUE TO (c): 4201 H

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma of Pancreas — unknown

19a. DATE OF OPERATION: 6/6/55
19b. MAJOR FINDINGS OF OPERATION: Obstructive Jaundice due to Ca Pancreas
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* 6/3, 1955 *to* 6/10, 1955 *that I last saw the deceased alive on* 6/11, 1955 *and that death occurred at* 12:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul J. Hoan D.O.
23b. ADDRESS: Farmington Mo
23c. DATE SIGNED: 6/11/55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 12, 1955
24c. NAME OF CEMETERY OR CREMATORY: BOSS, CEMETERY
24d. LOCATION (City, town, or county) (State): BOSS, MISSOURI

DATE REC'D BY LOCAL REG.: June 11, 1955
REGISTRAR'S SIGNATURE: Esther Rudloff 289-11
25. FUNERAL DIRECTOR'S SIGNATURE: R. Caldwell
ADDRESS: Flat River Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 10 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Raymond Caldwell.....

Licensed Embalmer No..25..

P. O. Address...Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.