

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **89474**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **843**

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. LENGTH OF STAY (in this place) 5 Wks. | c. CITY OR TOWN Climax Springs |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ozark Osteopathic Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) No Street Address | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) LESTER b. (Middle) L. c. (Last) HUTCHINSON | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1955 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 24 March 1893 | 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Enoch Hutchinson | 13b. MOTHER'S MAIDEN NAME Mary Wells | 14. NAME OF HUSBAND OR WIFE Emily Hutchinson |
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| 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. 491-09-1153 | 17. INFORMANT'S SIGNATURE OR NAME Emily Hutchinson ADDRESS Climax Spgs. Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 5 Days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Profound Intoxication | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Extensive Tissue Necrosis Acute Parenchymatous Pancreatitis DUE TO (c) (Cause Unknown) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis and Cholelithiasis 584x | | | |

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| 19a. DATE OF OPERATION 9/22/55 | 19b. MAJOR FINDINGS OF OPERATION Extensive necrosis of small intestine. Enduration of entire pancreas. Cholelithiasis | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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 **9/20/55**, 19___, to **9/24/55**, 19___, that I last saw the deceased alive on **9/24/55**, 19___, and that death occurred at **6:40A m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Richard W. [Signature] (Degree or title) | 23b. ADDRESS 700 E. Sunshine Springfield, Missouri | 23c. DATE SIGNED 9/24/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-26-55 | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | 24d. LOCATION (City, town, or county) (State) Springfield, Mo. |
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| DATE REC'D BY LOCAL REG. 9-26-55 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS B. Springfield, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

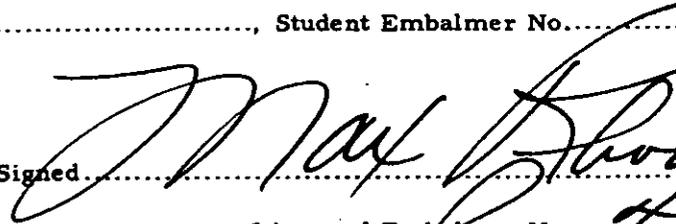
JAN 2 1957

DEPT. OF HEALTH

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.....


Licensed Embalmer No.....

P. O. Address.....


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.