

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1955

State File No. **36889**
4631

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Kansas City		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 General Hospital #2				e. STREET ADDRESS (If rural, give location) 2318 Vine				
3. NAME OF DECEASED (Type or Print) a. (First) Edith			b. (Middle) _____		c. (Last) Hutchison		4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 1955	
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH April 14, 1892	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Ashland, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Howard Roberts			13b. MOTHER'S MAIDEN NAME Lizzie Ellis		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mattie More 2318 Vine				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic myocarditis				DUE TO (b) Abscess of back and spine.				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cause unknown.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				6921
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) (Min.)		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 <u>10-14-55</u> , 19 <u> </u> , to <u>10-26-55</u> , 19 <u> </u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>10-25-55</u> , 19 <u> </u> , and that death occurred at <u>2:50 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE E. Frank Ellis (Degree or title)				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 10-27-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct 29, 1955		24c. NAME OF CEMETERY OR CREMATORY Highland		24d. LOCATION (City, town, or county) (State) Kansas City Mo.		
DATE REC'D BY LOCAL REG. 10-28-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wetkin Bros. Funeral Home 18th & Benton				

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

NOBISDJI

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..... *Bruce P. Watkins*

Licensed Embalmer No. *45*

P. O. Address *18th Bend*

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.