

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1956

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) YRS		d. STREET ADDRESS (If rural, give location) 1915 PICHER AVE. 0494 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1915 PICHER AVE.			

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) JENNIE		c. (Last) HUTCHINSON		4. DATE OF DEATH (Month) (Day) (Year) JAN. 3, 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY 25, 1877		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) UNIONTOWN, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME CORNELIUS QUICK		13b. MOTHER'S MAIDEN NAME HANNAH DAVIS		14. NAME OF HUSBAND OR WIFE RYVE HUTCHINSON, DEC'D	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. J. A. OUTT, 1915 PICHER AVENUE	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiovascular disease atherosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>19 mos</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>H.221</i>			

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Nov*, 1955, to *Jan 3*, 1956, that I last saw the deceased alive on *Jan 21*, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ray E. Peterson</i> (Degree or title)	23b. ADDRESS <i>708 Fairview Bldg</i>	23c. DATE SIGNED <i>Jan-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE <i>1-5-56</i>	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. <i>1-9-56</i>	REGISTRAR'S SIGNATURE <i>James J. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 16 1956
Asper County Health Office
County File Number 56-1-443
Date Filed JAN 16 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.