No. 300
10.48

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14276

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dixon
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Dixon
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 816

3. NAME OF DECEASED (Type or Print)
a. (First): Charley
b. (Middle): A.
c. (Last): Hutchison

4. DATE OF DEATH (Month) (Day) (Year): 4 6 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10/3/1860
9. AGE (In years last birthday): 95 — If under 1 year: Months 6, Days 3 — If under 1 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telegraph Operator Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Telegraphy
11. BIRTHPLACE (City and State or Foreign Country): Maries County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. C. R. Sease, Dixon, Missouri

MEDICAL CERTIFICATION

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): Virus pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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. Age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 492x
20. AUTOPSY? YES [ ] NO [X]

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* 4-6-56, *19*____, *to* 4-6-56, *19*____, *that I last saw the deceased alive on* 4-6-56, *19*____, *and that death occurred at* 6:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Conley Foster (Degree or title): D.O.
23b. ADDRESS: Dixon, Mo.
23c. DATE SIGNED: 4-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/8/1956
24c. NAME OF CEMETERY OR CREMATORY: Dixon Cemetery
24d. LOCATION (City, town, or county) (State): Dixon, Missouri

DATE REC'D BY LOCAL REG.: 4-8-56
REGISTRAR'S SIGNATURE: Ella M. Anderson
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Fred H. Gilbert, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

52-0

RECEIVED 4-8-56
Quasi County Health Officer
File Number
Date Filed 4-14-56

STATEMENT BY LICENSED EMBALMER

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

by me, or by April - 6 - 1956, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred C. Gillem

Licensed Embalmer No. 34

P. O. Address Dixon, Miss

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