No. 300
10.48

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

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21089

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 81

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN: Troy
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural Sydnorville Community 65700

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): None
c. (Last): Hutt

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1956.

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 13, 1894
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

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

13a. FATHER'S NAME: Griffin Hutt
13b. MOTHER'S MAIDEN NAME: Lulu G. McKee
14. NAME OF HUSBAND OR WIFE: Mattie Wright Hutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Mattie W. Hutt Troy, Missouri.

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) HEPATIC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) LAENNEC'S CIRRHOSIS OF LIVER — 10 YRS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
ARTERIOSCLEROTIC HT. DISEASE WITH AURICULAR FIBRILLATION — 8 MOS.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5811
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* 10-8-55, *19*____, *to* 6-30, *19*56, *that I last saw the deceased alive on* 6-30-56, *19*56, *and that death occurred at* 6 30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Louis P. Hetlage MD
23b. ADDRESS: 370 E. WOOD ST, TROY, MO
23c. DATE SIGNED: 6-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/4/56
24c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery
24d. LOCATION (City, town, or county) (State): Troy, Missouri

DATE REC'D BY LOCAL REG.: 7-7-1956
REGISTRAR'S SIGNATURE: Emma B. Riddle
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kemper-Marsh Funeral Home Troy, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, ~~XXXXX~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Joseph J. Mar

Licensed Embalmer No.....393

P. O. Address..Troy, Miss.

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.