

Health, Welfare, Public Service  
 300  
 0-56  
 ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23711  
 3080

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3080

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>INSTITUTION DOA Menorah Hosp</b>			Length of stay in 1b <b>30 years</b>		18 d. STREET ADDRESS (If outside, give location) <b>1027 Monroe</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Murray T. Hutchings</b>				First	Middle	Last	4. DATE OF DEATH Month <b>7</b> Day <b>15</b> Year <b>1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>9-7-1886</b>		9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Officer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Police Dept.</b>		11. BIRTHPLACE (City and state or country) <b>Blue Springs, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Blum Hutchings</b>				14. MOTHER'S MAIDEN NAME <b>Jeanie Fletcher</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. #1</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT Address <b>Eva Pearl Hutchings 1027 Monroe</b>			
18. CAUSE OF DEATH [Enter only one cause on line 18 (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atherosclerotic Heart Disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____		DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Hugh H. Owens</b> (Type or print)				22b. ADDRESS <b>1034 Riatta Blvd</b>		22c. DATE SIGNED <b>7-15-56</b>	
23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE <b>7-17-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs</b>		23d. LOCATION (City, town, or county) (State) <b>Blue Springs, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Sheil Funeral Home Kansas City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-16-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

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 *Thomas A. Sh...*

Licensed Embalmer No. *48*

P. O. Address *K.C.*

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