

FILED JAN 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42454

State File No. ....

BIRTH NO. 90079-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 177

|                                                                                                 |  |                                                                                                                                            |                                                                                                                                   |
|-------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pulaski</u>                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |                                                                                                                                   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> |  | c. CITY OR TOWN <u>Springfield</u>                                                                                                         | 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 <u>Waynesville General Hospital</u>                     |  | STREET ADDRESS (If rural, give location) <u>2232 So Glenstone</u>                                                                          |                                                                                                                                   |

|                                                                |                           |                          |                                                                   |
|----------------------------------------------------------------|---------------------------|--------------------------|-------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>James</u> | b. (Middle) <u>Dwight</u> | c. (Last) <u>Hutsell</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>December 24, 1956</u> |
|----------------------------------------------------------------|---------------------------|--------------------------|-------------------------------------------------------------------|

|                    |                               |                                                                        |                                         |                                          |                                               |                                                |
|--------------------|-------------------------------|------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------------|------------------------------------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>New born</u> | 8. DATE OF BIRTH <u>December 24, 56</u> | 9. AGE (In years last birthday) <u>0</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u>45</u> |
|--------------------|-------------------------------|------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|-----------------------------------------------|------------------------------------------------|

|                                                                                                           |                                                   |                                                                                 |                                          |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(N.B.)</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>New born</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Waynesville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|

|                                                |                                                      |                                             |
|------------------------------------------------|------------------------------------------------------|---------------------------------------------|
| 13a. FATHER'S NAME <u>James Estill Hutsell</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Matilda Helms</u> | 14. NAME OF HUSBAND OR WIFE <u>New born</u> |
|------------------------------------------------|------------------------------------------------------|---------------------------------------------|

|                                                                             |                                     |                                                                                                              |
|-----------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs James D. Hutsell, 678 Burroughs, Collinsville, Illinois</u> |
|-----------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                 |                                                                                                                                                               |  |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                         |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 3/4 hrs</u> |
|                                                                                                                                                                                                                                 | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>abruptio placenta</u>                                                                               |  |                                                      |
|                                                                                                                                                                                                                                 | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                                      |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                             |                                                                                                                                                               |  |                                                      |

|                        |                                              |                                                                                  |
|------------------------|----------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>7610</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------------------|----------------------------------------------------------------------------------|

|                                                 |                                                                                          |                                                                                          |
|-------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 21a. ACCIDENT (Specify) <u>pre-mature birth</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Waynesville (Pulaski) Missouri</u> |
|-------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>none</u> |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------|

22. I hereby certify that I attended the deceased from Dec 24, 19 56, to Dec 24, 19 56, that I last saw the deceased alive on Dec 24, 19 56, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

|                                                     |                                           |                                    |
|-----------------------------------------------------|-------------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>R.D. Hewitt</u> | 23b. ADDRESS <u>Waynesville, Missouri</u> | 23c. DATE SIGNED <u>Dec 26, 56</u> |
|-----------------------------------------------------|-------------------------------------------|------------------------------------|

|                                                         |                           |                                                   |                                                         |
|---------------------------------------------------------|---------------------------|---------------------------------------------------|---------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-25-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Crocker</u> | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> |
|---------------------------------------------------------|---------------------------|---------------------------------------------------|---------------------------------------------------------|

|                                          |                                                |                                                                           |
|------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. <u>12-30-56</u> | REGISTRAR'S SIGNATURE <u>Paula J. Anderson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James E. Hutsell (Father)</u> |
|------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|

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

RECEIVED 1-5-57  
Pulaski County Health Officer  
File Number 177  
Date Filed 12-30-56

The body was released to the father, James Estill Hutsell, for burial.

✓ This is to Certify that burial was made in Antioch Cemetery in burial plots located approx. 1/5 mi South East of Crocker, Pulaski Co. Va. on Dec. 25, 1956 at 11<sup>00</sup> AM. James Estill Hutsell Father

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 not embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.