

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1729

BIRTH NO.		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 5591		Registrar's No. 13					
1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jefferson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hillsboro</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Hillsboro</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R.#1 Hillsboro</b>				e. STREET ADDRESS (If rural, give location) <b>R.R.#1 Hillsboro</b>				580			
3. NAME OF DECEASED (Type or Print) <b>SARAH</b>			a. (First)		b. (Middle) <b>ELIZABETH</b>		c. (Last) <b>HUTCHISON</b>				
4. DATE OF DEATH <b>2-6-1957</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>9-13-1876</b>		9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Hudson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Gill</b>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen West</b>						ADDRESS <b>Hillsboro Mo</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Decompensation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Virus pneumonia</b> DUE TO (c) <b>Senility</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>4 weeks</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/> 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)		492x					
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?							
22. I hereby certify that I attended the deceased from <b>Jan 22, 1957</b> to <b>Feb 6, 1957</b> , that I last saw the deceased alive on <b>Feb 6, 1957</b> , and that death occurred at <b>11:10 P.</b> from the causes and on the date stated above.											
23a. SIGNATURE <b>Chas. E. Owen, MD</b>				23b. ADDRESS <b>De Soto, Mo.</b>		23c. DATE SIGNED <b>2/8/57</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-9-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>2101 Lucas-Hunt Rd. Mo.</b>					
DATE REC'D BY LOCAL REG. <b>2-8-57</b>		REGISTRAR'S SIGNATURE <b>Olita Burdick</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Ziegenfuss</b>		ADDRESS <b>6409 Gravois Ave</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

**DATE RECEIVED**

FEB 19 1957

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**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 *Lawrence M. Ligon*

Licensed Embalmer No. ....

P. O. Address *St. Louis*

11:10 P

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.

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