

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
4782

00 56
 Director, coroner, etc. must use only standard nomenclature in reporting causes of death. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 J. W. Young

FILED MAR 6 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 800

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3923 STATE LINE</u>			Length of stay in lb <u>38 YRS</u>			d. STREET ADDRESS (If outside, give location) <u>3923 STATE LINE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE W. HUTCHISON</u>				4. DATE OF DEATH Month Day Year <u>FEB 19 1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 15, 1873</u>	9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STREETCAR OPER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SERVICE</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI CITY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>FRANCIS M. HUTCHISON</u>				14. MOTHER'S MAIDEN NAME <u>CATHERINE BURRIS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-09-8720</u>		17. INFORMANT Address <u>3923 STATE LINE</u> <u>FRANCIS M. HUTCHISON</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Fractured Right Hip on 1-18-57.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7?</u> <u>4201F</u>	
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.) <u>2</u>					
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 <u>1/18/57</u> to <u>2/19/57</u> and last saw ^{her} / _{him} alive on _____ <input checked="" type="checkbox"/> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. W. Young M. D.</u> (Degree or title)				22b. ADDRESS <u>1401 S. W. Duluth</u>		22c. DATE SIGNED <u>2/20/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>FEB 22, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI CITY, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>K.C., Mo. MISSOURI CITY, Mo.</u>	
24. FUNERAL DIRECTOR <u>ROEHLER BACH</u>		ADDRESS <u>6800 TROOST</u>		25. DATE RECD. BY LOCAL REG. <u>2-20-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

3-30
2-0450

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 D. Keel

Licensed Embalmer No. 49

P. O. Address TC

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