

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7443  
STATE FILE NUMBER

FILED-MAR 18 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 101

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Adair</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</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>KOH Hospital</u> Length of stay in 1b <u>1 week</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mac on</u> c. CITY OR TOWN <u>La Plata</u> <u>9610</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>-----</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
<b>3. NAME OF DECEASED</b> (Type or print) <u>WILLIAM ARTHUR HUTCHINSON</u> First Middle Last				<b>4. DATE OF DEATH</b> <u>Mar 11, 1957</u> Month Day Year															
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Nov 7, 1882</u>		<b>9. AGE (In years last birthday)</b> <u>74</u>		<b>IF UNDER 1 YEAR</b> Months <u>4</u> Days <u>4</u>		<b>IF UNDER 24 HRS.</b> Hours <u>---</u> Min. <u>---</u>							
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>				<b>11. BIRTHPLACE</b> (City and state or country) <u>La Plata, Missouri</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>							
<b>13. FATHER'S NAME</b> <u>J. W. Hutchinson</u>						<b>14. MOTHER'S MAIDEN NAME</b> <u>Mary R Roebuck</u>													
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				<b>16. SOCIAL SECURITY NO.</b> <u>none</u>				<b>17. INFORMANT</b> <u>Mrs Hattie Hutchinson</u> Address <u>La Plata, Mo</u>											
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary artery heart disease</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>4200</u>										INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>									
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)																
<b>20c. TIME OF INJURY</b> Hour _____ a. m. _____ p. m. Month, Day, Year _____			<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>																
<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b>				<b>COUNTY</b>				<b>STATE</b>							
<b>21. I attended the deceased from</b> <u>3-1-57</u> to <u>3-11-57</u> and last saw <u>her</u> alive on <u>3-11-57</u> Death occurred at <u>3:15 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.																			
<b>22a. SIGNATURE</b> (Degree or title) <u>Wm J Reed DO</u>										<b>22b. ADDRESS</b> <u>Kirkville 970</u>					<b>22c. DATE SIGNED</b> <u>3-13-57</u>				
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>				<b>23b. DATE</b> <u>March 13 1957</u>				<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>La Plata Cemetery</u>				<b>23d. LOCATION (City, town or county) (State)</b> <u>La Plata, Missouri</u>							
<b>24. FUNERAL DIRECTOR</b> <u>Kenneth M. Wilson</u> ADDRESS <u>La Plata Mo</u>					<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-15-1957</u>					<b>26. REGISTRAR'S SIGNATURE</b> <u>Dora W. Patteff</u>									

health, Welfare Public Service  
 000 -56  
 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

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 *Kenneth M. Wilson*.....

Licensed Embalmer No...470

P. O. Address..LA. P.A.A..

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.