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Doctor, Coroner, etc. Most 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 JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021130
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2694

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION VETS. ADM. HOSPITAL — Length of stay in 1b 2 MONTHS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Linn
c. CITY OR TOWN MARCELINE 0581 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 216 WEST CURTIS ST. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First WILLIAM Middle Last HUTCHINSON
4. DATE OF DEATH Month June Day 5 Year 1957
5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X 3
8. DATE OF BIRTH March 2, 1892
9. AGE (In years last birthday) ~~62~~ 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Marceline, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Hutchinson
14. MOTHER'S MAIDEN NAME Mary Jane Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. unk
17. INFORMANT Address Official VA Hospital Records, K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchogenic Carcinoma
DUE TO (c)
10 yr

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 XX NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK VA ☐ NOT WHILE AT WORK ☐
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 April 5, 1957, to June 5, 1957 XXXXXXXXXXXXXXXXXX
Death occurred at 10:00 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE GUIDO PODRECCA, M. D. — Guido Podrecca M. D.
22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.
22c. DATE SIGNED 6-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6/10/57
23c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat'l. Ce.
23d. LOCATION (City, town, or county) Ft. Leavenworth (State) Kansas

24. FUNERAL DIRECTOR Lee Davis ADDRESS K. C., Mo.
25. DATE RECD. BY LOCAL REG. 6-8-57
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Landis H. Jackso

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.