

Health,
Public
Service

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28000

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 834-A

300
-57 0

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MTN GROVE MO</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>ST. JOHNS HOSP.</u>		Length of stay in lb <u>4 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>FIRST STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>EVERETT</u> Middle <u>HUTCHINSON</u> Last <u>HUTCHINSON</u>			4. DATE OF DEATH Month <u>8</u> Day <u>23</u> Year <u>1957</u>			
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 6, 1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. <u>6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POLICE JUDGE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>	11. BIRTHPLACE (City and state or country) <u>Denlow MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM HUTCHINSON</u>	13b. MOTHER'S MAIDEN NAME <u>TINA CANTRELL</u>	14. NAME OF HUSBAND OR WIFE <u>GERTRAUDE "ALSUP" HUTCHINSON</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Gertrude Hutchinson</u> Address <u>9th. Ave</u>
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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>Luetic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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>C23X</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.)	19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 2-16-56 to 8-23-57 and last saw him alive on 8-22-57
Death occurred at 4: AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Andrew K. Baker M.D.</u> (Degree or title)	22b. ADDRESS <u>Springfield Mo</u>	22c. DATE SIGNED <u>8-30-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>8-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Denlow</u>	23d. LOCATION (City, town, or county) (State) <u>Denlow, Mo</u>
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24. FUNERAL DIRECTOR <u>Ed Barber</u> ADDRESS <u>9th. Ave Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-3-57</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 11 1957

OCT 3 1957

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 *Rev Barb*

Licensed Embalmer No. *384*
P. O. Address *ret Ho*

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.