

pt. Health,
S. & Welfare
S. Public
Health Service
S. 300
ev. 1-57

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45269
STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 5915 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Central		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 3 yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
James	Leo	Hutson	Dec	5	1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24 1873	9. AGE (In years last birthday) 84	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired framer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry Co Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Hutson	13b. MOTHER'S MAIDEN NAME Susan Johnson	14. NAME OF HUSBAND OR WIFE Cora Hutson
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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) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Orvall Johnson Perryville Mo
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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>Acute myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 7824	COUNTY	STATE
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21. I attended the deceased from Death occurred at <u>4:00 AM Dec 5-1957</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	Coroner of Perry County, Mo.	Coroner of Perry County, Mo.	and last saw her alive on	Coroner of Perry County, Mo.
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22. SIGNATURE <u>Chas DeLuca</u> (Degree or title) Coroner of Perry County, Mo.	22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 12-6-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 7 1957	23c. NAME OF CEMETERY OR CREMATORY Whitewater	23d. LOCATION (City, town, or country) Perry County Missouri
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24. FUNERAL DIRECTOR <u>Young & Sons</u> ADDRESS Perryville Mo	25. DATE RECD. BY LOCAL REG. 12-9-57	26. REGISTRAR'S SIGNATURE <u>Joe J Zoellner</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

250
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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 *Wallace Young* _____

Licensed Embalmer No. *4027* _____

P. O. Address *Perryville* _____

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.