

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015963
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4535**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Potosi	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General Hospital		d. STREET ADDRESS 305 College	
3. NAME OF DECEASED (Type or print) First Josie Middle Hutchings Last Hutchings		4. DATE OF DEATH Month April Day 24 Year 1958	
5. SEX female	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 June 23, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years to birthday) 70
13a. FATHER'S NAME John O'Neil		13b. MOTHER'S MAIDEN NAME Melvana Williams	11. BIRTHPLACE (City and state or country) Bates County, Missouri
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT Smith Funeral Home		14. NAME OF HUSBAND OR WIFE Husband deceased.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma to, s, i, s			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 174X DUE TO (c) Carcinoma of uterus			Feb 1957
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 checked="" type="checkbox"/> NO <input 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.)		
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 Feb 1957 to 4/25/58 and last saw her alive on 4/25/1958 Death occurred at 10:30 P.M. Apr. 24, 1958 or on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE John W. Stewart M.D.	22b. ADDRESS 4660 Maryland Ave	22c. DATE SIGNED 4/25/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 29 1958	23c. NAME OF CEMETERY OR CREMATORY MASONIC	23d. LOCATION (City, town, or county) Potosi Mo. (State)
24. FUNERAL DIRECTOR SMITH F. HOME	ADDRESS POTOSI, MO	25. DATE RECD. BY LOCAL REG. APR 28 '58	26. REGISTRAR'S SIGNATURE Paul Smith MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Donald B. [Signature]*

Licensed Embalmer No. 4104
P. O. Address Quincy, Mo

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.