

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025564

STATE FILE NUMBER

3311

FILED JUL 25 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3311

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		Length of stay in lb 13 yrs	d. STREET ADDRESS 3815 Walnut Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RALPH Middle Last HUTTON			4. DATE OF DEATH Month 7 Day 4 Year 58
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-19-1892
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) Farmer & Apt Owner		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Cumberland, Iowa
13a. FATHER'S NAME Charles Hutton		13b. MOTHER'S MAIDEN NAME Minnie Kultz	14. NAME OF HUSBAND OR WIFE Mrs. Neva M. Hutton
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) Yes W.W.#1		16. SOCIAL SECURITY NO. 540-20-8605	17. INFORMANT Address Mrs. Neva M. Hutton, 3815 Walnut
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery Thrombosis.			INTERVAL BETWEEN ONSET AND DEATH Recd. - last 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General and Coronary Arterio Sclerosis.			Chronic.
DUE TO (c) Associated - Extensive Coronary insufficiency			Chronic.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) R.S. Spandylolithiasis - Chronic.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT / SUICIDE / HOMICIDE <input type="checkbox"/> None <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none	
20c. TIME OF INJURY Hour Month, Day, Year none		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION COUNTY STATE none	
21. I attended the deceased from Death occurred at 11:30 A.M. on 7-4-58 and last saw her/him alive on 7-4-58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.H. Myers MD		22b. ADDRESS 115 Grand Ave, Kansas City Mo	
22c. DATE SIGNED 7-4-58			
23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE 7-6-58	23c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery	23d. LOCATION (City, town, or county) (State) Allendale, Mo.
24. FUNERAL DIRECTOR ADDRESS Magner Funeral Home, K C Mo		25. DATE RECD. BY LOCAL REG. 7-5-58	26. REGISTRAR'S SIGNATURE Neva Minshall

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. A. Myers

V. 2 - 3925

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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 *A. R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *K. E. M.*

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.