Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031506
STATE FILE NUMBER

SEP 9 1958 Registration District No. 352 Primary Registration District No. 4516 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY: Taney	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Indiana b. COUNTY: Vanderburg
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Forsyth — Inside Limits: Yes # No ☐	c. CITY OR TOWN: Evansville 8139 — Inside Limits: Yes ☐ No #
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Fays Court — Length of stay in lb: 2 days	d. STREET ADDRESS (If outside, give location): Rt.8 Box 187 — Reside on Farm: Yes # No ☐

3. NAME OF DECEASED (Type or print): First CLAUDE Middle BAXTER Last McCUTCHAN	4. DATE OF DEATH: Month Day Year Aug.24,1958
5. SEX: male	6. COLOR OR RACE: white
7. MARRIED #1 NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug.13,1910
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 0 Days 11 — IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucking	10b. KIND OF BUSINESS OR INDUSTRY: Truck driver
11. BIRTHPLACE (City and state or country): Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Harper McCutchan	13b. MOTHER'S MAIDEN NAME: Sarah Randall
14. NAME OF HUSBAND OR WIFE: Dorothy McCutchan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Dorothy McCutchan Address: Evansville, Ind.	

MEDICAL CERTIFICATION

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 Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Instant.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c): 4201

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 ☐ NO ☑ 2

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 ☐ 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 Aug 24, to Aug 24 and last saw ~~her~~ him alive on Aug 24
Death occurred at 7:45 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul C. Musselman Ad 2	22b. ADDRESS: Forsyth. Missouri	22c. DATE SIGNED: 8-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify): removal	23b. DATE: 8/25/58	23c. NAME OF CEMETERY OR CREMATORY: Blue Grass Methodist
23d. LOCATION (City, town, or county) (State): Evansville Indiana		
24. FUNERAL DIRECTOR ADDRESS: TED VOLKMAN, ELBERFELD, Indiana	25. DATE RECD. BY LOCAL REG.: 8-30-58	26. REGISTRAR'S SIGNATURE: Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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SEP 20 1858

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 Walter S. Cole

Licensed Embalmer No. 4731

P. O. Address Bangor, Me

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.