

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033716  
State File No. ....

FILED OCT 14 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 381

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>39 yrs</u>	c. CITY OR TOWN <u>Sedalia</u> <u>0804</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4137. Missouri</u>		e. STREET ADDRESS (If rural, give location) <u>413. 7. Missouri</u>	

3. NAME OF DECEASED (Type or Print) <u>Fannie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Hutchinson</u> <u>10-3-1958</u>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>12-25-1883</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Roachport Boone Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Williams Watts</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Boone</u>	14. NAME OF HUSBAND OR WIFE <u>Howard Hutchinson</u>	
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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Otis Dobbins</u> ADDRESS <u>Sedalia Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		DUE TO (b) <u>Cardio-Vascular Disease</u>		<u>2 yrs. or more</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Hypertension</u>		<u>at least 2 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Hemorrhage June 1957</u> <u>Arthritis of Spine &amp; Knees</u>				<u>7 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5-56, to 10-3-1958, that I last saw the deceased alive on 9-27-58, 1958, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. F. ...</u>		(Degree or title) <u>C</u>	23b. ADDRESS <u>M.D. Sedalia, Mo.</u>	23c. DATE SIGNED <u>10-6-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-7-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-6-1958</u>	REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Green Marshall Mo</u>		

APR 30 1958

APR 30 1958

T6-3555-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.