

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045845

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12079

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Maplewood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		Length of stay in 1b		d. STREET ADDRESS 2538 Florent Avenue.	
3. NAME OF DECEASED (Type or print) First Middle Last Minnie Alice Hutchings		4. DATE OF DEATH December 13, 1958		Month Day Year	
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 February 23, 1877		9. AGE (In years last birthday) 81		10. F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Black, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Levi Webb		13b. MOTHER'S MAIDEN NAME Jane Wood	
14. NAME OF HUSBAND OR WIFE Franklin Hitchings		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No Nil		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address W. L. Hutchings, 17 Shirley Lane,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute peritonitis + abdominal hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
DUE TO (b) <i>Rupture of gallbladder</i>		DUE TO (c) <i>Cholelithiasis + cholecystitis</i>		<i>1 day</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>584X</i>		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<i>3 years</i>	
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 <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 <i>July 17, 1957</i> to <i>Dec. 13, 1958</i> and last saw her <sup>him</sup> alive on <i>Dec. 12, 1958</i> Death occurred at <i>632 Ave</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Norton John Everett M.D.</i>		22b. ADDRESS <i>6356 Clayton Road.</i>	
22c. DATE SIGNED <i>12-13-58</i>		23a. BURIAL, CREMATION REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12-15-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Local</i>		23d. LOCATION (City, town, or county) (State) <i>Boss, Missouri.</i>			
24. FUNERAL DIRECTOR ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 15 58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Stanley L. Lefler

Licensed Embalmer No. 4193  
P. O. Address St. Louis, 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.