t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020976
STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 588

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2138 N. Taylor — Length of stay in Hospital: 36 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2138 N. Taylor Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ALFRED Middle: ---- Last: HUTCHINSON

4. DATE OF DEATH Month Day Year: June 14, 1959

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED:** [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 29 Jan. 1876 **9. AGE** (In years last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer **10b. KIND OF BUSINESS OR INDUSTRY:** Gen. Farming

11. BIRTHPLACE (City and state or country): Dallas County, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME: Thomas Hutchinson **13b. MOTHER'S MAIDEN NAME:** Martha Amos **14. NAME OF HUSBAND OR WIFE:** Jennie Hutchinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service): None **16. SOCIAL SECURITY NO.:** ---- **17. INFORMANT:** Jennie Hutchinson, 2138 Taylor Ave., Springfield, Mo.

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): Cardio Renal Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: NK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 442X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 5-1-47, to 6-14-59 and last saw him alive on 6-13-59
Death occurred at 1:55 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD **22b. ADDRESS** 1715 Boonville Springfield Mo **22c. DATE SIGNED** 6-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 16 June 1959 **23c. NAME OF CEMETERY OR CREMATORY:** Pleasant Ridge Cemetery **23d. LOCATION** (City, town, or county) (State): Dallas County, Missouri.

24. FUNERAL DIRECTOR 1200 Boonville Avenue, Ralph Thieme, Springfield, Mo. **25. DATE RECD. BY LOCAL REG.:** 6-18-59 **26. REGISTRAR'S SIGNATURE:** Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAX Fitch, M.D.

6361 9.30M

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 Ralph H Greene

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.