

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025579

FILED VS JUL 21 1959

Registration District No. 130 Primary Registration District No. 4241 Registrar's No. 162 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove		Length of stay in 1b 13 yrs		c. CITY OR TOWN Oak Grove		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) City			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Minnie Belle Hutchens				4. DATE OF DEATH Month Day Year July 14 59			
5. SEX Fm	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct 5 1873	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Oak Grove Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charley Hutchens			13b. MOTHER'S MAIDEN NAME Jane Bitzer			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Willis Hutchens Oak Grove Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 3 yr	
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) Sclerotic disease						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year -----							
20d. INJURY OCCURRED WHILE AT WORK <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 1954 to July 19 59 and last saw her alive on June 15 1957 Death occurred at 1130 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Jane W. Williams MD.				22b. ADDRESS Oak Grove Mo			22c. DATE SIGNED 7/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/14/59	23c. NAME OF CEMETERY OR CREMATORY Lone Jack Cemetery		23d. LOCATION (City, town, or county) (State) Lone Jack Missouri		
24. FUNERAL DIRECTOR ADDRESS Webb Funeral Home Oak Grove Mo.			25. DATE RECD. BY LOCAL REG. 7/15/59		26. REGISTRAR'S SIGNATURE M. R. Langford		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed William E. Fr

Licensed Embalmer No. 4733

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.