RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–031090

STATE FILE NUMBER

FILED VS AUG 26 1959 317 Registration District No. 500 Primary Registration District No. 2122 Registrar's No.

DED

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson Barracks
Length of stay in 1b: 1 hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Veterans Adm.Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ste.Genevieve
c. CITY OR TOWN: Ste.Genevieve
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Washington St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Harry Middle: Alston Last: Hutson
4. DATE OF DEATH: Month: August Day: 4, Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/10/1899
9. AGE (last birthday): 59
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer-River Boat
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government
11. BIRTHPLACE (City and state or country): Ehrhardt,S.C.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Berry B.Hutson
13b. MOTHER'S MAIDEN NAME: Annie V.Dannelly
14. NAME OF HUSBAND OR WIFE: Melvina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I & W.W. II
16. SOCIAL SECURITY NO.: 490-01-9596
17. INFORMANT: Melvina Hutson, Address: Ste.Genevieve,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): Acute right coronary thrombosis; early Laennec's cirrhosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Natural Causes
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Natural disease process
20c. TIME OF death: ~~Hour~~ p.m. Month, Day, Year: 8/4/59
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.): Subject died shortly after arrival at hospital
20f. CITY, TOWN, OR LOCATION: Jefferson Barracks COUNTY: St. Louis STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Hand (Degree or title) Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 8/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-8-59
23c. NAME OF CEMETERY OR CREMATORY: Crestlawn Cemetery
23d. LOCATION (City, town, or county) (State): Ste.Genevieve,Mo.

24. FUNERAL DIRECTOR: Stanton Funeral Home, ADDRESS: Ste.Genevieve,Mo.
25. DATE RECD. BY LOCAL REG.: 8-6-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 23 1951

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 4108

P. O. Address St Louis

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