

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 8 1959

59-032011

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 991

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Green County		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo		a. STATE Mo		b. COUNTY Christian Co	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St John Hospital		Length of stay in 1b 3 Hours		c. CITY OR TOWN Oldfield, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Oldfield, Mo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. MONTH DAY YEAR	
First Herman		Middle D		Last Hutchison		Sept, 19-1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/13/1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Employee		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mo, Miller County		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Wm, F, Hutchison			13b. MOTHER'S MAIDEN NAME Lucy Thomas			14. NAME OF HUSBAND OR WIFE Esther Hutchison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-16-1549		17. INFORMANT Mrs Esther Hutchison, Mo		Address Oldfield	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral hemorrhage						5 hours	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <u>9/19/59</u> to <u>9/19/59</u> and last saw ^{her} _{him} alive on <u>9/19/59</u> Death occurred at <u>3:15 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Andrew H. ... M.D.</i>				22b. ADDRESS <i>609 Cherry - Springfield Mo</i>		22c. DATE SIGNED <i>9/21/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept, 22, 59	23c. NAME OF CEMETERY OR CREMATORY Union Cemetry		23d. LOCATION (City, town, or county) Morgan Co, Mo		(State)	
24. FUNERAL DIRECTOR <i>T. R. Cheffin Ozark, Mo</i>			ADDRESS	25. DATE RECD. BY LOCAL REG. <i>9-21-59</i>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 28 1959

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

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