

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039539

FILED VS NOV 23 1959

STATE FILE NUMBER

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 16

INDEXED

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAY</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ON LEVEE 2 mi. So. of Hville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u> c. CITY OR TOWN <u>HORNERSVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last <u>BILLY BON HUTCHINS</u>			4. DATE OF DEATH Month Day Year <u>NOVEMBER 10, 1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-16-1932</u>	9. AGE (last birthday) <u>27</u>	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) <u>DAY LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL LABORER</u>		11. BIRTHPLACE (City and state or country) <u>HORNERSVILLE, MO.</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>						

13a. FATHER'S NAME <u>EALEY HUTCHINS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN GALL</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-34-4489</u>		17. INFORMANT Address <u>Wm Victor Kenneth Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>anoxemia</u> DUE TO (b) <u>crushing injury of out. chest</u> DUE TO (c) <u>accident - tractor</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>5 min.</u>
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.) <u>Tractor turned over on him</u>	
20c. TIME OF INJURY Hour a.m. _____ Month, Day, Year <u>11/10/59</u>			

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Sugar Lagoon</u>	20f. CITY, TOWN, OR LOCATION <u>Hornersville</u>	COUNTY STATE <u>Dunklin Mo</u>
21. I attended the deceased from <u>10/10/56</u> to <u>11/10/59</u> and last saw him alive on <u>11/9/59</u> Death occurred at <u>11:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>R J Palenske M.D.</u>	22b. ADDRESS <u>Hornersville Mo.</u>	22c. DATE SIGNED <u>11/12/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-11-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HORNERS CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>HORNERSVILLE, MISSOURI</u>
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24. FUNERAL DIRECTOR ADDRESS <u>EMERSON & SONS Jamesburg, Ark</u>	25. DATE RECD. BY LOCAL REG. <u>11/13/59</u>	26. REGISTRAR'S SIGNATURE <u>Aue Palenske</u>
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John T. Emerson

Licensed Embalmer No. 895
P. O. Address Jonesboro, Ariz

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.