URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-041318

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 135

ENDED

1. PLACE OF DEATH
a. COUNTY Pulaski

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tavern Township — Length of stay in 1b life.

c. CITY OR TOWN Crocker, Mo. — Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) None.) Crocker, Mo Rt. # 1. — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Rural Rt. # 1. — Reside on Farm Yes ☒ No ☐

Approx date:

3. NAME OF DECEASED (Type or print) First George Middle Marion Last Hutsell.

4. DATE OF DEATH Month Nov. Day 7, Year 1959

5. SEX Male

6. COLOR OR RACE White.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/21/1875

9. AGE (last birthday) 84

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) Farmer.

10b. KIND OF BUSINESS OR INDUSTRY ----------

11. BIRTHPLACE (City and state or country) Crocker, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Bartley Hutsell.

13b. MOTHER'S MAIDEN NAME Julia Ann Limpscomb.

14. NAME OF HUSBAND OR WIFE Damie Hutsell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT Mrs. Paul Holt. Address Crocker, 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) Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

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)

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 ☐

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~~ on Nov. 9th, to _____ and last saw ~~her~~ him alive on _____

Death occurred at Approx time 2:00 P M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B Hedges (Degree or title) County Coroner.

22b. ADDRESS Richland, Missouri

22c. DATE SIGNED 11/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/11/59

23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemety.

23d. LOCATION (City, town, or county) (State) Crocker, Missouri

24. FUNERAL DIRECTOR Hedges Funeral Home Crocker, Mo

ADDRESS Richland Mo

25. DATE RECD. BY LOCAL REG. 11-16-1959

26. REGISTRAR'S SIGNATURE Erla Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS DEC 1 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Frost

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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