

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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FILED VS JAN - 4 1960 274

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 426

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in 1b <u>60 yrs.</u>		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>504 W. Cooper, st</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>504 W. Cooper</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Letitia</u> Middle <u>Hunter</u> Last <u>Hunter</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>28</u> Year <u>1959</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 24, 1892</u>		9. AGE (last birthday) <u>76 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>address</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Chinese Laundry</u>				11. BIRTHPLACE (City and state or country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Zechariah Hutchins</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Newcomb</u>				14. NAME OF HUSBAND OR WIFE <u>Albert Hutchins</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>None</u>		17. INFORMANT Address <u>Mrs. Luvenia Fisher Sedalia, 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>Cerebral Thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>										DUE TO (c) <u>uncler.</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.)									
20c. TIME OF INJURY Hour Month, Day, Year <u>4:10 PM</u>		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>Aug 1958</u> to <u>Dec. 28, 1959</u> and last saw her <u>alive</u> on <u>Dec. 28, 1959</u> Death occurred at <u>4:10 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>C. C. Reynolds, M.D.</u>						22b. ADDRESS <u>104 1/2 W. Main Sedalia, Mo.</u>			22c. DATE SIGNED <u>12-30-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)		(State)			
<u>Burial</u>		<u>Dec. 31, 1959</u>		<u>Crown Hill Annex Cemetery Sedalia</u>				<u>Sedalia</u>		<u>Mo.</u>			
24. FUNERAL DIRECTOR <u>Thos Alexander 400 W Cooper</u>				25. DATE RECD. BY LOCAL REG. <u>12-31-1959</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>							

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 *Eric Anderson*

Licensed Embalmer No. 4245  
P. O. Address Sealdia

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.