

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009533

FILED VS MAR 15 1960

338

Primary Registration District No. 6154 Registrar's No. 11

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Essex Richland Twp.			Length of stay in 1b years	c. CITY OR TOWN Essex		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rfd. 2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS Rfd. 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Bertha Ann Hutchason				4. DATE OF DEATH Month Feb. Day 24, Year 1960			
5. SEX female	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 8-4-1900	9. AGE (last birthday) 59	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) housewife			10b. KIND OF BUSINESS OR INDUSTRY housewife		11. BIRTHPLACE (City and state or country) Cape County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jake Surface			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE William A. Hutchason		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. XXXXXXXXXX	17. INFORMANT William A. Hutchason Essex, Mo. R. 2			
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 DUE TO (b) Arterio-sclerotic Heart Disease DUE TO (c) Ventricular fibrillation 4ules Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 4-5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease (conditions given in PART I) (a) Ventricular fibrillation 4ules					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 July 57 to Feb 24 1960 and last saw her alive on Feb 22, 1960 Death occurred at in sleep m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George L. Baker				22b. ADDRESS Bloomfield, Mo		22c. DATE SIGNED 3-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-26-60	23c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cemetery		23d. LOCATION (City, town, or county) Bloomfield, Mo. Rural		(State)	
24. FUNERAL DIRECTOR Watkins & Sons			ADDRESS Morehouse, Mo.	25. DATE RECD. BY LOCAL REG. 3-7-60	26. REGISTRAR'S SIGNATURE Mrs. George L. Baker		

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mark Wathens

Licensed Embalmer No. 4717

P. O. Address Dexter M

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.