

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016522

FILED VS APR 26 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 156

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST FRANCOIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE MO		Length of stay in 1b 1 Wk.		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RT 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) WILLIAM ELBERT HUTCHINGS				4. DATE OF DEATH Month Day Year APRIL 19 1960					
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 JAN. 9 1875 86		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done or profession or occupation if retired) RETIRED FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and state or country) HAZEL RUN MO		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME W.R. HUTCHINGS			13b. MOTHER'S MAIDEN NAME MARY PATTERSON			14. NAME OF HUSBAND OR WIFE MARY HUTCHINGS			
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. NONE		17. INFORMANT Address MRS. MARY HUTCHINGS RT2 FARMINGTON				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrosclerosis DUE TO (b) (Uremia) DUE TO (c) Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 mos		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a) Complete Heart Block						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 8:45 p.m.									
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 Apr. 17, 60 to Apr. 19, 60 and last saw him alive on Apr. 19, 60 Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Elean Farris M.D.				22b. ADDRESS Farmingtton				22c. DATE SIGNED Apr 21/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APRIL 22 1960		23c. NAME OF CEMETERY OR CREMATORY marvin chapel		23d. LOCATION (City, town, or county) near BONNE TERRE		STATE MO	
24. FUNERAL DIRECTOR C.H. COZEAN FARMINGTON MO				25. DATE RECD. BY LOCAL REG. Apr. 23 1960		26. REGISTRAR'S SIGNATURE Ethan Redloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 1960

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 _____

M. Hoogan

Licensed Embalmer No. 408

P. O. Address Scranton

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.