

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034016

FILED VS. OCT. 3 1960 43

Primary Registration District No. 3607 Registrar's No. 534

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neelyville</b>		Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>Neelyville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route #1</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Route # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <b>LILLIE HUTCHISON.</b>			4. DATE OF DEATH Month Day Year <b>Sept. 6, 1960</b>									
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-14-1889</b>	9. AGE (last birthday) <b>71</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (City and state or country) <b>Butler County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Joseph A. Slayton.</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Walsh.</b>			14. NAME OF HUSBAND OR WIFE <b>Vess Hutchison.</b>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Vess Hutchison Neelyville, Mo.</b>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary infarction.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis -</b>							Unknown.					
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. 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 <b>9/30/59</b> to <b>9/6/60</b> and last saw her/him alive on <b>8/30/60</b> Death occurred at <b>6:15 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <b>J. R. Lough</b> (Degree or title)				22b. ADDRESS <b>330 N. 2nd St. - Poplar Bluff, Mo.</b>				22c. DATE SIGNED <b>9/21/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-8-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairdealing Cemetery Fairdealing, Missouri</b>			23d. LOCATION (City, town, or county) (State)						
24. FUNERAL DIRECTOR <b>Greer Croy &amp; Fitch Poplar Bluff, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>9/24/60</b>		26. REGISTRAR'S SIGNATURE <b>R. M. M... ..</b>							

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 Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Poplar Blg.

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.