

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-048431

D VS DEC 23 1960

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Registration District No. 3074

Registrar's No. 291

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 3 hours		c. CITY OR TOWN Benton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route one		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JESSIE Middle EUGENE Last HUTSON				4. DATE OF DEATH Month 12 Day 9 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/10/44	9. AGE (last birthday) 16	IF UNDER 1 YEAR Months 12 Days 9	IF UNDER 24 HR Hours 3 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (City and state or country) Blodgett, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Everett Hutson			13b. MOTHER'S MAIDEN NAME Fay Wheeler			14. NAME OF HUSBAND OR WIFE -----		
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. 489-48-2989		17. INFORMANT Margie Sisk, Charleston, Mo. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fract skull, Fract neck						INTERVAL BETWEEN ONSET AND DEATH 3 hours		
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. <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 checked="" 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.) Car hit a tree				
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. 12 9 1960		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.) Highway		20f. CITY, TOWN, OR LOCATION Benton		
20g. COUNTY Scott		20h. STATE Mo.						
21. I attended the deceased from 12-9-60 to 12-9-60 and last saw him alive on 12-9-60 Death occurred at 5:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. S. Larko, M.D.				22b. ADDRESS Morehouse, Mo.		22c. DATE SIGNED 12-9-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/11/60	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.		23d. LOCATION (City, town, or county) (State) Charleston, Mo.			
24. FUNERAL DIRECTOR Albritton Funeral Home Sikeston, Mo.				25. DATE RECD. BY LOCAL REG. 12-13-60		26. REGISTRAR'S SIGNATURE Myrtle E. Hunter		

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

Student _____
Signature of Student Embalmer

Signed Raymond L. Dugan

Licensed Embalmer No. 479

P. O. Address Bermei

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