# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 6 1961

-61-000785
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 13

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

AMENDED

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hatt Clinic
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN: Steelville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): X
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Talmon Middle M Last Hutson
4. DATE OF DEATH: Month Jan Day 28 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-8-82
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest
10b. KIND OF BUSINESS OR INDUSTRY: McQuay- Norris
11. BIRTHPLACE (City and state or country): Dent
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Elihus Hutson
13b. MOTHER'S MAIDEN NAME: Marreann Vaughn
14. NAME OF HUSBAND OR WIFE: Jimmie Emory Hutson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT: Opal Misemer Address: Steelville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8/8/51, to 1/28/61 and last saw ~~her~~ him alive on 1/28/61
Death occurred at 2 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: M M Hart M.D. (Degree or title)
22b. ADDRESS: Salem, Missouri
22c. DATE SIGNED: 1/30/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 31-61
23c. NAME OF CEMETERY OR CREMATORY: Hutson Cem
23d. LOCATION (City, town, or county) (State): Dent Co. Mo
24. FUNERAL DIRECTOR: Spurgin Funeral Home Inc ADDRESS
25. DATE RECD. BY LOCAL REG.: 1/30/61
26. REGISTRAR'S SIGNATURE: M. M. Hart M.D. by [illegible]

(Licensed Embalmer's Statement on Reverse Side)

**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_____

Licensed Embalmer No. 237 U

P. O. Address Salem Me

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.