

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-028362

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

38 Primary Registration District No. 3006 Registrar's No. 532

STATE FILE NUMBER

AMENDED

Registration District No. **FILED SEP 5 1961**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Boone County</i>	a. STATE <i>Mo.</i>	b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Columbia</i>	Length of stay in lb <i>32 days</i>	c. CITY OR TOWN <i>Sedalia</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>301 W Henry</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Nellie Ann Hutchison</i>			4. DATE OF DEATH Month Day Year <i>Aug 26 1961</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6-9-47</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <i>14</i> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>Lament, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James G. Hutchison</i>		13b. MOTHER'S MAIDEN NAME <i>Laura Russel</i>	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>From Chart U.M.M.R.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Sepsis</i>			<i>6 wks</i>
DUE TO (b) <i>Burn - dermal - 30-40° 3rd degree</i>			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>Accidental Burn (Clothes fire)</i>	
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Sedalia, Missouri</i>	COUNTY STATE
21. I attended the deceased from <i>July 25, 1961</i> to <i>8/26/61</i> and last saw her/him alive on <i>8/26/61</i> . Death occurred at <i>7:00 PM 8/26/61</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl G. Church, M.D.</i>		22b. ADDRESS <i>Univ. Hosp., Mo.</i>	22c. DATE SIGNED <i>8/27/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried 8-30-61</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>La Monte</i>	23d. LOCATION (City, town, or county) (State) <i>Pettis County Mo</i>
24. FUNERAL DIRECTOR <i>Alexander Funeral Home</i>	ADDRESS <i>Sedalia</i>	25. DATE RECD. BY LOCAL REG. <i>Aug 27 1961</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. R.E. Palmer</i>

SEP 6 1961

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 *John R. Olyand*

Licensed Embalmer No. 4248

P. O. Address *Sandalwood*

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.