

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-029957

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 64

AMENDED

FILED SEP 6 1961

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kans.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>2 yr. 1 Mo.</u>		Inside Limits Year <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Higginsville state school</u>		d. STREET ADDRESS (If outside, give location) <u>not known</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Robert M</u> Middle <u>Hutchings</u> Last <u>Hutchings</u>			4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>61</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-17-42</u>	9. AGE (last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Kans.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Daniel Hutchings</u>		13b. MOTHER'S MAIDEN NAME <u>Dolly Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Higginsville State School Higginsville, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Strangulation This inmate Higginsville State Hospital was found dead on the school grounds, with a strip of paper fastened about his neck with knots at the due ends & both hands tied loosely in front</u>		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. <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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Strangulated by paper strip</u>			
20c. TIME OF INJURY Hour <u>10:11 A.M.</u> Month, Day, Year <u>8-28-61</u>		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, bridge, etc.) <u>Higginsville State Hospital grounds</u>		20f. CITY, TOWN, OR LOCATION <u>Higginsville Lafayette Mo</u>		STATE	
21. I attended the deceased from <u>10:12 A.M. 8-28-61</u> and last saw him alive on <u>before</u> Death occurred at <u>10:12 A.M. 8-28-61</u> on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>W. Martin</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Osborne</u>		22c. DATE SIGNED <u>8-28-61</u>	
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23c. NAME OF CEMETERY OR CREMATORY <u>at Washington</u>		23d. LOCATION (City, town, or county) (State) <u>Independence, MO.</u>	
23a. DATE <u>8-29-61</u>		24. FUNERAL DIRECTOR <u>Forrest Hoefler</u>		25. DATE RECD. BY LOCAL REG. <u>8-30-61</u>	
ADDRESS <u>Higginsville, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Lutie Jordan Jordan</u>			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

SEP 14 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 Forest R. Hooper

Licensed Embalmer No. 4801

P. O. Address Highway 101

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.