MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032648

STATE FILE NUMBER

AMENDED

Registration District No. 138 Primary Registration District No. 5527 Registrar's No. 60

FILED SEP 26 1961

1. PLACE OF DEATH
a. COUNTY Hickory
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tyler
Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #2 Flemington, Mo.
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: MINNIE Middle: INES Last: HUTCHISON

4. DATE OF DEATH Month, Day, Year: September 19, 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov. 27, 1871
9. AGE (last birthday): 89
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and state or country): Cameron, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Blades
13b. MOTHER'S MAIDEN NAME: Anna Batson
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Aaron Hutchison Address: Bolivar 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) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — mo
DUE TO (c) Senile Arteriosclerosis — years
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 July 1961 to Sept. 18, 61 and last saw her/him alive on Sept. 18, 61
Death occurred at 3:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. R. Easton (Degree or title) M.D.
22b. ADDRESS: Pleasanton Mo
22c. DATE SIGNED: Sept. 22

23a. BURIAL, CREMATION, REMOVAL, (Specify): Burial
23b. DATE: 9-21-61
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): Bolivar Missouri

24. FUNERAL DIRECTOR: Sidney J. Pitts ADDRESS: Bolivar Mo.
25. DATE RECD. BY LOCAL REG.: 9-23-1961
26. REGISTRAR'S SIGNATURE: May Johnson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

BY AFFIDAVIT OF DOCUMENT

SEP 29 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 Larry R. Tillery, Student Embalmer No. 628 working under my personal supervision.

Student Larry R. Tillery
Signature of Student Embalmer

Signed Sidney J. Pitts

Licensed Embalmer No. 4939

P. O. Address Bolivar, Mo.

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.