SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-043588
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 787

FILED JAN 8 1962

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 22Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: U of Mo. Medical Cen.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Nelson
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Leona Middle: Carol Last: Hutchison

4. DATE OF DEATH: Month: December Day: 29 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/25/40
9. AGE (last birthday): 21
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)
10b. KIND OF BUSINESS OR INDUSTRY: Food processing
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: John T. Newell
13b. MOTHER'S MAIDEN NAME: Dorothy Nadine Sims
14. NAME OF HUSBAND OR WIFE: Dorsey T. Hutchison

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: Mother, Same as above
Address

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): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 4 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Myocardial Failure — 16 hours
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hydatid mole, Pre-eclampsia, Anemia
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 Dec. 28, 1961, to Dec. 29, 1961 and last saw her/him alive on Dec. 29, 1961
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Don R Sipes M.D. (Degree or title)
22b. ADDRESS: U. Mo. Med. Center, Columbia, Mo
22c. DATE SIGNED: 12-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-1-62
23c. NAME OF CEMETERY OR CREMATORY: Peninsula Cemetery
23d. LOCATION (City, town, or county): Saline Co (State): Mo.

24. FUNERAL DIRECTOR: Campbell-Lewis
ADDRESS: Marshall, MO.
25. DATE RECD. BY LOCAL REG.: Dec 30 1961
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

MAR 6 1962

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 R.W. Campbell Jr

Licensed Embalmer No. 3469

P. O. Address Marshall, M

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.