

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010327  
STATE FILE NUMBER

Registration District No. 88 Primary Registration District No. 5326 Registrar's No. 5

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 27 1962

VS 300  
Rev. 4/59

DATE AMENDED

0280  
20280

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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INSTEAD OF

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133-0

DOCUMENT

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>CRAWFORD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>CRAWFORD</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>MERAMEC</b>		Length of stay in 1b <b>28YRS.</b>	c. CITY OR TOWN <b>STEELVILLE</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 1/2 MI. S.W. STEELVILLE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1 1/2 MI. S.W. STEELVILLE</b>
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>HARVEY</b> Last <b>HUTTON</b>		4. DATE OF DEATH Month <b>MARCH</b> Day <b>17</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-9-1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>84</b>
11a. FATHER'S NAME <b>CLARK HUTTON</b>		11b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	11. BIRTHPLACE (City and state or country) <b>ASHLEY ILL.</b>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES SPANISH-AMERICAN</b>		12b. SOCIAL SECURITY NO. <b>NONE</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13. 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) <b>GUN SHOT WOUND IN HEAD</b>			
DUE TO (b) <b>SELF INFLICTED</b>			
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 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY <b>3-17-62</b>			
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.) <b>HOME</b>	20f. CITY, TOWN, OR LOCATION <b>STEELVILLE</b>	COUNTY <b>CRAWFORD</b> STATE <b>MO</b>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <b>6:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harry J. Jones Coroner</b>		22b. ADDRESS <b>St. Charles MO</b>	22c. DATE SIGNED <b>3-18-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>March 20, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>JEFFERSON BARRICKS</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
24. FUNERAL DIRECTOR <b>FRANK WOOD, STEELVILLE, MO</b>		25. DATE RECD. BY LOCAL REG. <b>3/19/62</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichino</b>

MAR 29 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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Steelville, 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.