

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018483

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 27

FILED JUN 7 1962

VS 300 Rev. 4/59

DATE AMENDED

0291
20362

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4 1
5 1
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7 0
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9672.0
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12 1-2
134-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sullivan, Mo.</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>St. Clair, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sullivan Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>135 Mosley Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>DOROTHY L. HUTSON</u>			4. DATE OF DEATH Month Day Year <u>May 26 1962</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 9, 1929</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General work</u>	9. AGE (last birthday) <u>33</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u> IF UNDER 24 HR. Hours <u></u> Min. <u></u>
11a. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Aldger Browning</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Mc Coy</u>	14. NAME OF HUSBAND OR WIFE <u>Noble Hutson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Noble Hutson, 135 Mosley, St. Clair, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Central aneurin</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>uncontrollable hemorrhage</u> DUE TO (c) <u>afibrinogenemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>5 hours</u> <u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pregnancy</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" 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 type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> s.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>2-26-61</u> to <u>5-26-62</u> and last saw her alive on <u>5-26-62</u> . Death occurred at <u></u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. Stinson</u> (Degree or title)		22b. ADDRESS <u>Eureka mo.</u>	22c. DATE SIGNED <u>5/26/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-28-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Clair, Odd Fellow Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Clair, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sherwood Kitchell, St. Clair, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-26-62</u>	26. REGISTRAR'S SIGNATURE <u>William Cowan</u>

USE BLACK INK OR TYPEWRITER RIBBON

JUN 7 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 Shenwood W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.