

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1244**

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4218** Registrar's No. **47**

4220

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Windsor</i>	c. LENGTH OF STAY (in this place) <i>3 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Windsor</i> <i>0420</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Windsor Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>507 E. Benton</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>MARY</i>	b. (Middle) <i>ELIZABETH</i>	c. (Last) <i>HUTSLER</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 30, 1953</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Dec. 20, 1869</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>10</i>	IF UNDER 10 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	11. BIRTHPLACE (State or foreign country) <i>Pettis County, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Edward M. Chaney</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Elizabeth Lewis</i>	14. NAME OF HUSBAND OR WIFE <i>Henry B. Hutslar</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Ivory Sims Windsor, mo</i>	ADDRESS <i>no</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>3</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>chronic myocarditis</i>		
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <i>4222</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 20, 1953* to *Jan 30, 1953* that I last saw the deceased alive on *Jan 30, 1953*, and that death occurred at *7:00 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Kay B. Gardner</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>Windsor Mo.</i>	23c. DATE SIGNED <i>7-2-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-1-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>	24d. LOCATION (City, town, or county) (State) <i>Windsor, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>Feb-1-53</i>	REGISTRAR'S SIGNATURE <i>Florence Adams</i>	422	25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i>	ADDRESS <i>Windsor, Mo.</i>
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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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thielsen, 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 this body is not embalmed, fact should be so stated above.