

STANDARD CERTIFICATE OF DEATH

State File No. 13953

FILED MAY 4 1953 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 111

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 town) <i>Windsor</i>		c. LENGTH OF STAY (in this place) township) <i>43 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Windsor</i>		d. STREET ADDRESS (If rural, give location) <i>105 S. Windsor</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>105 S. Windsor</i>				d. STREET ADDRESS (If rural, give location) <i>105 S. Windsor</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>ALBERT</i>			b. (Middle) <i>HUTCHINSON</i>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>April 23 1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 15 1861</i>		9. AGE (In years last birthday) <i>91</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Furniture Dealer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Summerside PET Canada</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>Donald Hutchinson</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Julia Gardner Hutchinson</i>				
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 ADDRESS <i>Julia G. Hutchinson Windsor, Mo.</i>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Occlusion</i>						<i>30 min.</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>						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)		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 <i>Oct 26 50</i> to <i>4-23 53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>4-23 1953</i> , and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Claude M. Thurber, M.D.</i>				23b. ADDRESS <i>Windsor, Mo.</i>		23c. DATE SIGNED <i>4/27/53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-26-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>		24d. LOCATION (City, town, or county) (State) <i>Windsor, Missouri</i>				
DATE REC'D BY LOCAL REG <i>April 24-53</i>		REGISTRAR'S SIGNATURE <i>Florence Adams</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i>		ADDRESS <i>Windsor, Mo.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

2470

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 Windsor, 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.