

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15654**

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5512 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Honey Creek Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Honey Creek Township 2420	
c. LENGTH OF STAY (In this place) 79yrs.		d. STREET ADDRESS (If rural, give location) Clinton, Mo. RFD. #4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rfd. 4, Clinton, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Hattie	b. (Middle) D.	c. (Last) Hutson	4. DATE OF DEATH (Month) (Day) (Year) June 3, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 7, 1875	9. AGE (In years last birthday) 79 - 26 MONTHS 26 DAYS 0 HOURS 0 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Henry Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. W. Redford	13b. MOTHER'S MAIDEN NAME Mary Ellen Rutledge	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lawrence Byrd, Clinton, Mo. RFD. 4	ADDRESS RFD. 4
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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, asthma, 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) Vascular encephalopathy		2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage		2 1/2 yrs
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis	

19a. DATE OF OPERATION June	19b. MAJOR FINDINGS OF OPERATION 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) VS	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 19th, 1954, to June 3, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. B. Hughes, M.D.	23b. ADDRESS Clinton Mo.	23c. DATE SIGNED 6/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 4 1954	24c. NAME OF CEMETERY OR CREMATORY Norris Cemetery	24d. LOCATION (City, town, or county) (State) Clinton, Mo. Rural
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DATE REC'D BY LOCAL REG. June 3-5	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE H. S. Pansout	ADDRESS Clinton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

N.A. Tarrant

Licensed Embalmer No.

3779

P. O. Address

Clinton, 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.