

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15041

State File No.

No. 300
10. 48

FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 4334 Registrar's No. 52

680
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Latham, Mo. Piolat Grone 16 Yrs		c. LENGTH OF STAY (in this place) 16 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham, Mo		d. STREET ADDRESS (If rural, give location) Latham, Mo 0680	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Clarence c. (Last) Hutchison		4. DATE OF DEATH (Month) (Day) (Year) April 23 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan 5 1880
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 1 HR. Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo W. Hutchison		13b. MOTHER'S MAIDEN NAME Sarah A. Hall	
14. NAME OF HUSBAND OR WIFE Minnie Mae Hutchison			
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 Warren B. Hutchison		ADDRESS Tipton	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Craney thrombosis 3 Wks		MEDICAL CERTIFICATION Craney thrombosis 3 Wks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Latham Moniteau Mo.	
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 Mar 3, 1953 to April 23, 1953 , that I last saw the deceased alive on Mar 18, 1953 and that death occurred at 12:55 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Warren B. Hutchison D.O. (Degree or title)		23b. ADDRESS California	
23c. DATE SIGNED 4/24/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/26/53	24c. NAME OF CEMETERY OR CREMATORY Green Grove Cemetery Rural Latham, Mo	
24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE Mrs F.W. Scott	25. FUNERAL DIRECTOR'S SIGNATURE Earl Bowlin ADDRESS California	

(Licensed Embalmer's Statement on Reverse Side)

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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 Frank Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.