

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9236**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **34**

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

1. PLACE OF DEATH a. COUNTY <b>Cooper Co</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>		
b. CITY OR TOWN <b>Boonville, Mo</b>		c. LENGTH OF STAY (in this place) <b>Dead When Arrived</b>	c. CITY OR TOWN <b>Rural 0680 Linn</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. # 1, Jamestown, Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near St. Joseph Hospital</b>					
3. NAME OF DECEASED a. (First) <b>Henry</b> b. (Middle) <b>Pleas</b> c. (Last) <b>Hutchison</b>			4. DATE OF DEATH <b>Mar 10 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr 19 1897</b>		9. AGE (In years last birthday) <b>55</b> IF UNDER 1 YEAR Months <b>10</b> Days <b>19</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Pleas H. Hutchison</b>		13b. MOTHER'S MAIDEN NAME <b>Mahala Kenny</b>		14. NAME OF HUSBAND OR WIFE <b>Bulah Ann Hutchison</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>First World</b>		16. SOCIAL SECURITY NO. <b>495-01-4898</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bobby Hutchison</b> ADDRESS <b>Jamestown, Mo</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic heart disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</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 <b>4200</b>				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 <b>March 10 1953</b> , to <b>March 10 1953</b> , that I last saw the deceased alive on <b>March 10 1953</b> , and that death occurred at <b>9:30 P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>M. H. DeKruiger M.D.</b> (Degree or title)			23b. ADDRESS <b>Boonville Mo</b>		23c. DATE SIGNED <b>3/11/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/13/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cent</b>		24d. LOCATION (City, town, or county) (State) <b>Jamestown, Mo Rural.</b>
DATE REC'D BY LOCAL REG. <b>3/12/53</b>		REGISTRAR'S SIGNATURE <b>D. Hooper 381</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl Bowlin-California</b> ADDRESS <b>7750</b>	

6/10/10

**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 Bonline

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.