

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1951
OCT 24 1951

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 335

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Lupus Missouri</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural: give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boswell Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>May</u> c. (Last) <u>Hutchinson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 4-1879</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Lupus Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Robt. Deatherage</u>		13b. MOTHER'S MAIDEN NAME <u>Bruce</u>	14. NAME OF HUSBAND OR WIFE <u>John Hutchinson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. P. Hutchinson</u> ADDRESS <u>1090 S. Phelps Sedalia Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Incisional Hernia</u> <u>10 years</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Gall bladder operation</u> <u>20 years</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 <u>5705</u>	
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 <u>Oct 21, 1951</u> , to <u>Oct 21, 1951</u> , that I last saw the deceased alive on <u>Oct 21, 1951</u> , and that death occurred at <u>11:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or title) <u>Daniel P. Edwards M.D.</u>		23b. ADDRESS <u>Sedalia, Mo</u>	23c. DATE SIGNED <u>Oct 21, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>mt Zion cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Jamestown</u>
DATE REC'D BY LOCAL REG. <u>10-21-1951</u>	REGISTRAR'S SIGNATURE <u>D. P. Hutchinson M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Albert Hornbeck Brauer Home</u>	

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

1804

NOV 23 1951

RECEIVED NOV 23 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 23 1951

NOV 23 1951

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 *To. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home m*

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.