

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED SEP 28 1949

29722

State File No. _____

No. 300
10. 48.

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

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH a. COUNTY <u>COOPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>			
b. CITY OR TOWN <u>BOONVILLE</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1108 REAM ST BOONVILLE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1108 REAM ST BOONVILLE</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>MAGGIE M HUTCHISON</u>			4. DATE OF DEATH <u>Sept. 12 1949</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>July 11-1886</u>	
9. AGE (in years) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>MATILDA POTTER</u>		14. NAME OF HUSBAND OR WIFE <u>DEAD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-09-6515</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eliza Johnson</u> ADDRESS <u>Boonville</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery (Occlusion)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute indigestion</u> DUE TO (c) <u>Nervous upset</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>Boonville Cooper Mo.</u>			
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.</u> , 1946, to <u>9-12-</u> , 1949, that I last saw the deceased alive on <u>9-12-</u> , 1949, and that death occurred at <u>9 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>K. L. Frasier D.O.C. Ph.C.</u>		23b. ADDRESS <u>Boonville Mo</u>			23c. DATE SIGNED <u>9-13-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 14 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT ZION C.E.M.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR JAMESTOWN MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 14-49</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Albert Hornbeck</u> ADDRESS <u>Thames Home</u>			

RECEIVED SEP 19

Sanitary Health Officer No. 8.

District File Number

Date Filed

9-27-19

SEP 28 1919

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home*

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.