

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. 9

date

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u> |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> |   |
| b. CITY OR TOWN <u>Clarksburg</u>              | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Clarksburg</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION        |                                   | e. STREET ADDRESS (If rural, give location) <u>068<sup>th</sup></u>  |   |

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|--|-------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>THOMAS</u> b. (Middle) <u>BENTON</u> c. (Last) <u>HUTCHISON</u> |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan 17 1956</u>           |   |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> | 8. DATE OF BIRTH <u>Sept 26 - 1862</u>                                | 9. AGE (In years last birthday) <u>93</u> | # UNDER 1 YEAR : <u>2</u> MONTHS : <u>21</u> DAYS : _____ HOURS : _____ MIN. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Lopus Mo</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                |

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|---|---|---|
| 13a. FATHER'S NAME<br><u>Andrew Hutchison</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Chandler</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Ruanda Lawson</u>                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>no</u>                | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Miss Ellen Hutchison Clarksburg</u> |

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4500</u>            |  |                                  |

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|--|--|--|
| 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)<br><u>Clarksburg Moniteau Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Aug 2, 1950, to Jan 17, 1956, that I last saw the deceased alive on Jan 16, 1956, and that death occurred at 10 A. m., from the causes and on the date stated above.

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|--|--------------------------------------|--|
| 23a. SIGNATURE (Deed or title)<br><u>D. H. Bacon D. O. T.</u>    | 23b. ADDRESS<br><u>California Mo</u> | 23c. DATE SIGNED<br><u>1/29/56</u>                             |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>       | 24b. DATE<br><u>1-19-1956</u>        | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Zion Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State)<br><u>Lopus Mo</u> |                                      |  |

|  |   |     |  |
|--|---|-----|--|
| DATE REC'D BY LOCAL REG.<br><u>1/19/56</u> | REGISTRAR'S SIGNATURE<br><u>H. L. Popejoy</u> | 506 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Hugh E. Williams California Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Hugh E. Williams*.....

Licensed Embalmer No... *353* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.