

FILED OCT 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 30213

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give town) California, Mo Walker		c. CITY OR TOWN Centertown, Mo	
c. LENGTH OF STAY (in this place) 3 Days		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 Latham Hospital		STREET ADDRESS (If rural, give location) Centertown, Mo 0260	

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Rebeca c. (Last) Hutson			4. DATE OF DEATH (Month) (Day) (Year) Sept 29 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 23 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 1 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Kinsey Wilhite		13b. MOTHER'S MAIDEN NAME Sarah Fletcher		14. NAME OF HUSBAND OR WIFE Ira P. Hutson	
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 ADDRESS Kenneth Wilhite Route #1 Tipton, Mo	

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) Myocardial failure			INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Shock following operation			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) 5610			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION, Strangulated inguinal hernia			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) m.		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 15**, 19**55**, to **Sept 29**, 19**55**, that I last saw the deceased alive on **Sept 29**, 19**55**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenyon Latham M.D.			23b. ADDRESS California, Mo		23c. DATE SIGNED 9-30-55		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/1/55		24c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery		24d. LOCATION (City, town, or county) (State) Centertown, Mo	

DATE REC'D BY LOCAL REG. Oct 6/55		REGISTRAR'S SIGNATURE H L Popejoy 506		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl Douglas - California	
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(Licensed Embalmer's Statement on Reverse Side)

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

596. 02 196

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.....
James Bond

Licensed Embalmer No. *2*

P. O. Address *Calif.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.