

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19236
Registrar's No. 562

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural, Campbell Tnsip | | c. CITY (If outside corporate limits, write RURAL and give township) Rural, Campbell Township | |
| c. LENGTH OF STAY (in this place) 40 years | | d. STREET ADDRESS (If rural, give location) Route 9, Springfield | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route 9, Springfield | | | |

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|---|--------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Bertie | b. (Middle) Rowin | c. (Last) Hutchens | 4. DATE OF DEATH (Month) (Day) (Year) June 24 1949 |
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|-------------------------|----------------------------------|--|--|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH October 6, 1881 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housework | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John Rowin | 13b. MOTHER'S MAIDEN NAME Francis Esque | 14. NAME OF HUSBAND OR WIFE Charles M. Hutchens |
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| 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 Charles M Hutchens, Springfield, Missouri |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 8 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) lymphatic leukemia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 2040 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 3-18, 1940, to 6-24, 1949, that I last saw the deceased alive on 6-23, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Mary Jean Aberton M.D. | 23b. ADDRESS 318 St. Louis St | 23c. DATE SIGNED 6-27-49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 26, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri |
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| DATE REC'D BY LOCAL REG. 6-30-49 | REGISTRAR'S SIGNATURE W. J. Handley | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edna Schmeyer 334 F. H. Springfield, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

39
00

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.

Signed _____

Jewell E. Mundy

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2831

P. O. Address _____

Springfield

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.