

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1434

FILED FEB 10 1951

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington		c. LENGTH OF STAY (in this place) 6 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRIGHTON		0840
d. FULL NAME OF HOSPITAL OR INSTITUTION Washington Township			d. STREET ADDRESS (If rural, give location) None		

3. NAME OF DECEASED (Type or Print) a. (First) CHARA b. (Middle) M. c. (Last) HUTCHESON			4. DATE OF DEATH (Month) (Day) (Year) JAN. 27 1951		
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 11, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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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 Self employed	11. BIRTHPLACE (State or foreign country) Polk Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas C. Clark		13b. MOTHER'S MAIDEN NAME Mollie Wade		14. NAME OF HUSBAND OR WIFE Ward Beacher Hutcherson	
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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 None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GALE HUTCHESON GRANDVIEW Mo.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma from cervix + uterus to liver and lungs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Insufficiency DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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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 May 15, 1951, to Jan 24, 1951, that I last saw the deceased alive on Jan 24, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. Hooper, M.D.		23b. ADDRESS Grandview, Mo.	23c. DATE SIGNED Jan 28, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 28, 1951	24c. NAME OF CEMETERY OR CREMATORY BRIGHTON CEMETERY	24d. LOCATION (City, town, or county) (State) BRIGHTON MISSOURI	
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DATE REC'D BY LOCAL REG. 2/1/51	REGISTRAR'S SIGNATURE Dr. Annie B. Hodges		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS IRWIN + BLUE Funeral Home Boliver, Mo.	
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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
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep Mo.

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.