

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 51907-57 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 39

41

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

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Wright</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Wright</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>620 Lincoln</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lorene</u> b. (Middle) <u>May</u> c. (Last) <u>Hutchens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-29-51</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7-28-51</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 1 HR.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Defiant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wright Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ralph C Hutchens</u>	13b. MOTHER'S MAIDEN NAME <u>Lorene Rhoads</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>R.L. Hutchens</u>	ADDRESS <u>Wright Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Prematurity & Immaturity</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 July 28, 1951, to July 29, 1951, that I last saw the deceased alive on July 29, 1951, and that death occurred at 6:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>R.L. Hutchens</u> (Degree or title)	23b. ADDRESS <u>Wright Mo</u>	23c. DATE SIGNED <u>7-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Amy Union</u>	24d. LOCATION (City, town, or county) (State) <u>Wright Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-1-51</u>	REGISTRAR'S SIGNATURE <u>A. B. Ames</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>348 Robertson</u>	ADDRESS <u>Wright Mo</u>
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County File Number 831-19
Date Filed May 11, 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.