

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23571

State File No.

S. No. 300
v. 10.48

BIRTH NO. 1952 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 86

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

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville</u>		c. LENGTH OF STAY (In this place) <u>life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cassville Community Hoosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gene</u>	b. (Middle)	c. (Last) <u>Hutchens</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7/ 31/ 52</u>
---	-------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>7/29/52</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hour	Min.
--------------------	-------------------------------	---	---------------------------------	--	------------------------	-----------------------	----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none (Infant)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Cassville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Evan Hutchens</u>	13b. MOTHER'S MAIDEN NAME <u>Marcia Lee Chumbley</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evan Hutchens</u>	ADDRESS <u>Cassville, Mo.</u>
--	-------------------------------------	---	-------------------------------

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 <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Infant (0-6 mo)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>776X</u>	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)
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?

22. I hereby certify that I attended the deceased from July 29, 1952, to July 31, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 10:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas J. Durm, MD</u> (Degree or title)	23b. ADDRESS <u>Cassville, Mo.</u>	23c. DATE SIGNED <u>Aug 4, 1952</u>
--	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/31/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washburn Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Washburn, Mo.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>8-9-1952</u>	REGISTRAR'S SIGNATURE <u>Grace Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Boon</u>	ADDRESS <u>Cassville, Mo.</u>
--	---	---	-------------------------------

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 _____

working under my personal supervision.
Student Embalmer No. _____

Not Embalmed

Student
Student Embalmer

Signed *M. C. Ross* _____

Licensed Embalmer No. *433-9* _____

P. O. Address *Cassville, 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.