

Health,
& Welfare
Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032491
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 143 Primary Registration District No. 4-55-7 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <i>Lewis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lewis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Pomona</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Pomona</i> ⁰⁴⁶⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <i>etc 1</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Route 1</i>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Adlai</i> Middle <i>S.</i> Last <i>Hutcherson</i>			4. DATE OF DEATH Month <i>9</i> - Day <i>14</i> - Year <i>58</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-8-1892</i>	9. AGE (In years last birthday) <i>65</i>	FUNERAL YEAR Months <i>10</i> Days <i>6</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state, or country) <i>Marion County Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Lafe Hutcherson</i>		13b. MOTHER'S MAIDEN NAME <i>Orilda Johnston</i>		14. NAME OF HUSBAND OR WIFE <i>Maude Hutcherson</i>	
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.		17. INFORMANT <i>Maude Hutcherson</i> Address <i>Pomona Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Submassary Tuberculosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5-6 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, ctory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>West Plains, Mo</i>	
				COUNTY _____ STATE _____	
21. I attended the deceased from <i>12 Sept 1958</i> to <i>14 Sept 1958</i> and last saw him alive on <i>12 Sept 1958</i> Death occurred at <i>645 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>(Signature)</i>			22b. ADDRESS <i>West Plains, Mo</i>		22c. DATE SIGNED <i>20/9/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>B</i>		23b. DATE <i>9-16-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>W.M. Zion</i>		23d. LOCATION (City/town, or county) (State) <i>White Church Mo</i>
24. FUNERAL DIRECTOR <i>Robertson's</i>		ADDRESS <i>West Plains Mo</i>		25. DATE RECD. BY LOCAL REG. <i>9/30/58</i>	26. REGISTRAR'S SIGNATURE <i>Marshall Ballard</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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VS
AUG 23 1961

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 *D. Robertson*

Licensed Embalmer No. *3432*
P. O. Address *West Plains*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.