

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28797

State File No. \_\_\_\_\_

FILED SEP 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5046 Registrar's No. 59

681

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

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>California, Mo Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo Walker</u> <b>0681</b>	
c. LENGTH OF STAY (In this place) <u>17 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1011 Roach St, California, Mo</u> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1011 Roach St, Calif, Mo</u>			
3. NAME OF DECEASED a. (First) <u>Emmet</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Hutchinson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/1/52</u>
5. SEX <u>Male</u> <b>0</b>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 19, 1893</u>
9. AGE (In years last birthday) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Textile Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wollen Mills</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <b>0</b>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>G. Wash Hutchinson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Hall</u>	
14. NAME OF HUSBAND OR WIFE <u>Alpha Hutchinson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>2 World War</u>		16. SOCIAL SECURITY NO. <u>495-05-8823</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alpha Hutchinson</u>		ADDRESS <u>Calif 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</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	
20. AUTOPSY? <u>4201</u>		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) (Min)		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 <u>July 2, 1952</u> , to <u>Sept 1, 1952</u> , that I last saw the deceased alive on <u>Sept 1, 1952</u> , and that death occurred at <u>8 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kempson Latham MD</u>		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>9-2-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/3/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rt. California, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-4-52</u>		REGISTRAR'S SIGNATURE <u>H R Poppy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Earle Bonline</u>		ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

7260

SEP 25 1952

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

*Ernest B. Bordin*

Licensed Embalmer No. *2126*

P. O. Address *California*

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.