

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19480

State File No.

FILED JUL 5 - 1955

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau County</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 township) OR TOWN <u>California Walker</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>California</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>06810</u>			
3. NAME OF DECEASED (Type or Print) <u>VIRGIE</u>		a. (First)		b. (Middle)		c. (Last) <u>HUTCHISON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept 14 1884</u>		9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>8</u>		11. DAYS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Abraham James</u>		13b. MOTHER'S MAIDEN NAME <u>Mamely Deakin</u>		14. NAME OF HUSBAND OR WIFE <u>James Hutchison</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Kinagge</u>		18. ADDRESS <u>California</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epithelioid Carcinoma</u>		b. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		c. DUE TO (b) <u>9th Vulva with Metastasis</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>176X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>California Moniteau Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
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>8-5</u> , 19 <u>54</u> , to <u>5-14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-14</u> , 19 <u>55</u> , and that death occurred at <u>8:10 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>R.B. Fulk</u> (Degree or title)	
23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>5-15-1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Buck Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u>		25. ADDRESS <u>California Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/17-55</u>		REGISTRAR'S SIGNATURE <u>R.B. Fulk</u>		506		506	

(Licensed Embalmers' Statement on Reverse Side)

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

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 *Hugh E. Williams*

Licensed Embalmer No....353

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.