

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42715**

FILED JAN 4 1954

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Pogue			
c. LENGTH OF STAY (In this place) 2 da				d. STREET ADDRESS (If rural, give location) 1 mi. SE of Roselle			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				3. NAME OF DECEASED (Type or Print) a. (First) FRANKLIN b. (Middle) KINSEY c. (Last) HUTCHINGS			
4. DATE OF DEATH (Month) (Day) (Year) Dec. 25 1953		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 4 1878		9. AGE (In years) (Months) (Days) 75 6 21		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Dent Co. Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Marshall Hutchings		13b. MOTHER'S MAIDEN NAME Martha Camden		14. NAME OF HUSBAND OR WIFE Marie Hutchings			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-09-8288		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Hutchings, 5889a Etzel Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION St. Louis, Mo.				INTERVAL BETWEEN ONSET AND DEATH 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac failure		DUE TO (b) Acute Myocarditis				?	
ANTECEDENT CAUSES		DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS acute hemorrhagic colitis (virus type)				5 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 431 X				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) _____		_____	
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 11-4 , 19 53 , to 12-25 , 19 53 , that I last saw the deceased alive on 12-25 , 19 53 , and that death occurred at 11:20A. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. E. Farland M.D.				23b. ADDRESS Ironton, Missouri		23c. DATE SIGNED 12-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12-28-53		24c. NAME OF CEMETERY OR CREMATORY Boss Cemetery		24d. LOCATION (City, town, or county) (State) Boss, Missouri.	
DATE REC'D BY LOCAL REG. 12-30-53		REGISTRAR'S SIGNATURE Mrs. Ann Jones 128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.			

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

0470

JAN 18 1954

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 Carey White

Licensed Embalmer No. 3012

P. O. Address Boston Va

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.