

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Esther</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ESTHER</u> <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>U</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANIE</u> b. (Middle) <u>BELL</u> c. (Last) <u>HUTSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1, 1953</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Aug 11, 1880</u>		9. AGE (In years last birthday) <u>72</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Madison County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>Madison County, Mo</u>	
13a. FATHER'S NAME <u>George Slinkard</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John H. Hutson</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 ADDRESS <u>Glenn Hutson Flat River, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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.		<u>fracture of hip - 15 days</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>094</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)	
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 June 17, 1953, to Feb 1, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Simpson, M.D.</u>		23b. ADDRESS <u>Flat River Mo.</u>		23c. DATE SIGNED <u>2/3/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 4 -- 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Leadington, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Feb 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Kudloff</u> <u>289</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SPARKS F. HOME Flat River, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 11 1953

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 Murphy L. Parker
Licensed Embalmer No. 4236
P. O. Address First Union 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.