

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014700

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 98 Primary Registration District No. 4151 Registrar's No. 10

FILED APR 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10280

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STEELVILLE		c. CITY OR TOWN STEELVILLE	
Length of stay in 1b 60YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STEELVILLE		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GENTRY HUTSON		4. DATE OF DEATH APRIL 17 1962	
First Middle Last		Month Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING + LABOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SLIGO, MO
13a. FATHER'S NAME ROUSTER HUTSON		13b. MOTHER'S MAIDEN NAME MARY WALLACE	14. NAME OF HUSBAND OR WIFE GEORGIA ALMA HUTSON
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. 487-40-6470	17. INFORMANT HARVEY HUTSON Address CUBA, MO
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden death of apparently healthy individual			INTERVAL BETWEEN ONSET AND DEATH 2 minutes
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. -DUE TO (b)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DUE TO (c)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 5/22/1948 to 2/10/62 and last saw him alive on 4/15/62 Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Steelville Mo	22c. DATE SIGNED 4/16/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-20-1962	23c. NAME OF CEMETERY OR CREMATORY NEW HOME	23d. LOCATION (City, town, or county) (State) CHERRYVILLE MO.
24. FUNERAL DIRECTOR JONAS FUNERAL HOME, STEELVILLE, MO ADDRESS		25. DATE RECD. BY LOCAL REG. 4/20/62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

Jentry Hutson

Memorial

Photos

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Birth: Mar. 10, 1901

Death: Apr. 7, 1962

Note: husband of Elma Warfel

Burial:

[New Home Cemetery](#)

Crawford County

Missouri, USA

[Edit Virtual Cemetery info](#) [?]

Created by: [Diana Berkel](#)

Record added: May 15, 2011

Find A Grave Memorial# 69881442