

# Edward P Hutson

Memorial

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Birth: Feb. 26, 1884  
Death: Apr. 6, 1950

Family links:

Children:

Malcom Hutson (1912 - 1917)\*

\*[Calculated relationship](#)

Burial:

[Leadwood Cemetery](#)

Leadwood

St. Francois County

Missouri, USA

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Created by: [Cindy Becker](#)

Record added: May 21, 2009

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Added by: [Cindy Becker](#)



Cemetery Photo

Added by: [DesotoJoe/The Record Man](#)

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14268

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 136

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Francois</b>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Bonne Terre</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Leadwood</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>                 |  | d. STREET ADDRESS (If rural, give location) <b>None</b>  |  |

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Edward</b> b. (Middle) <b>Pierce</b> c. (Last) <b>Hutson</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 8, 1950</b> |   |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Feb. 26, 1884</b>                         | 9. AGE (In years last birthday) <b>66</b> | IF UNDER 1 YEAR Months <b>1</b> Days <b>12</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>             |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Mining</b>                  | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>     |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>        |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <b>Liehu Hutson</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Mrs. Emma Hutson</b>                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>*****</b> |  | 16. SOCIAL SECURITY NO. <b>493-03-9954</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emma Hutson</b> ADDRESS <b>Leadwood, Mo.</b> |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>4211</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ventricular fibrillation</b>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>arterio-sclerotic degeneration</b><br>-DUE TO (c) <b>Arteriosclerosis aeurum</b> |  |   |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                   |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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 Jan 50, to 4-8 50, that I last saw the deceased alive on 4-8 50, and that death occurred at 4 P.M., from the causes and on the date stated above.

|   |  |                                   |  |  |  |
|---|--|-----------------------------------|--|--|--|
| 23a. SIGNATURE <b>H. O. Keeble M.D.</b> (Degree or title) |  | 23b. ADDRESS <b>Leadwood, Mo.</b> |  | 23c. DATE SIGNED <b>4-10-50</b>                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>4/10/50</b>          |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Leadwood Cemetery</b>        |  |
|   |  |                                   |  | 24d. LOCATION (City, town, or county) (State) <b>Leadwood, Mo.</b> |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <b>April 11, 1950</b> |  | REGISTRAR'S SIGNATURE <b>Esther Rudloff</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>But L. Boyer</b> ADDRESS <b>Leadwood, Mo.</b> |  |
|--|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48