

Eli Newton Hutson

Memorial

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Birth: Apr. 4, 1903
Washington County
Missouri, USA
Death: Aug. 27, 1957
Dent County
Missouri, USA



Added by: [Jim and Mindy Gibbs](#)

Family links:

Parents:

[James Sherman Hutson \(1877 - 1975\)](#)
[Viola Mahala Eggers Hutson \(1878 - 1939\)](#)

Spouse:

[Murna Edith Hutson \(1906 - 1989\)*](#)

Siblings:

[Beulah Virgie Hutson*](#)
[Rosco Hutson*](#)
[Eli Newton Hutson \(1903 - 1957\)](#)
[Eual Shukman Hutson \(1904 - 1979\)*](#)
[James Ervin Hutson \(1910 - 1969\)*](#)
[Barbara Viola Hutson \(1913 - 1913\)*](#)

*[Calculated relationship](#)

Burial:

[Cooksey Cemetery](#)

Short Bend

Dent County

Missouri, USA

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

Created by: [Paul W. Sprou](#)

Record added: Oct 27, 2009

Find A Grave Memorial# 43614785

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27888**

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-Springcreek</u>		c. LENGTH OF STAY (in this place) <u>2hrs</u>	c. CITY OR TOWN <u>Sligo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Moser School house</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>East twomiles</u>		0 33 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eli</u> b. (Middle) <u>Newton</u> c. (Last) <u>Hutson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 27 1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 4 1903</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		13. FATHER'S NAME <u>James Hutson</u>	
13b. MOTHER'S MAIDEN NAME <u>Viola Eggers</u>		14. NAME OF HUSBAND OR WIFE <u>Murna Walker Hutson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486 14 6052</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Murna Walker Hutson</u>		ADDRESS <u>Sligo Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>We, the jury find Eli Hutson died a natural</u>			
ANTECEDENT CAUSES death of natural causes. (Jury Verdict)			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (c) _____			
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	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7954	
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>Dent Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>II:30A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold B. Powell, M.D., Coroner</u>		23b. ADDRESS <u>Salem, Mo.</u>	
23c. DATE SIGNED <u>8-30-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>8-30-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cooksey Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Salem Dent Co Mo</u>		DATE REC'D BY LOCAL REG. <u>8/30/57</u>	
REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by P. L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>... Salem Mo</u>	
ADDRESS _____		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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