

# Otis Ellis Hutson

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Birth: Dec. 20, 1906  
Sligo  
Dent County  
Missouri, USA  
Death: May 21, 1958  
Washington County  
Missouri, USA

Husband of Lorraine Wagner.

Family links:

Parents:

George Washington Hutson (1876 - 1951)  
Sarah Earnestine *Ellis* Hutson (1878 - 1950)

Siblings:

Arthur E. Hutson (1901 - 1970)\*  
Agnes Marie *Hutson* Daniels (1902 - 1944)\*  
Hurley Jerry Hutson (1904 - 1976)\*  
Otis Ellis Hutson (1906 - 1958)  
Velma *Hutson* Freeman (1916 - 1989)\*  
George Bennett Hutson (1919 - 1979)\*

\*[Calculated relationship](#)

Burial:

[Hutson-Walker Cemetery](#)

Sligo

Dent County

Missouri, USA

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

Record added: Oct 29, 2009

Find A Grave Memorial# 43692049



Cemetery Photo

Added by: [Gravefinder1](#)

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024413  
STATE FILE NUMBER

FILED JUN 26 1958 Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 52

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Washington</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wash.</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Breton</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Flat River</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stony Point</b>		Length of stay in 1b <b>hours</b>	d. STREET ADDRESS (If outside, give location) <b>8 Congress</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>OTTIS ELLIS HUTSON</b>			4. DATE OF DEATH Month Day Year <b>May, 21, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 20, 1906</b>	9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR Months Days Hours Min.	
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 (City and state or country) <b>Sligo, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George Hutson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Ellis</b>		14. NAME OF HUSBAND OR WIFE <b>Betty Hutson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-03-6640</b>	17. INFORMANT Address <b>Betty Hutson, Flat River, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Death believed to be due to natural causes; probably heart attack; dropped to the ground while purchasing lumber.</b> DUE TO (b) <b>causes; probably heart attack; dropped to the ground while purchasing lumber.</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4344</b>					INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw him <del>live</del> <sup>alive</sup> on _____ Death occurred at _____ <b>7</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Herbert Rudolph</b>		22b. ADDRESS <b>Local Registrar Potosi, Mo.</b>		22c. DATE SIGNED <b>6/24/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 25, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lutheran</b>		23d. LOCATION (City, town, or county) (State) <b>Near Farmington, Mo.</b>
24. FUNERAL DIRECTOR <b>Raymond C. Adair</b>		ADDRESS <b>Flat River, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6/24/58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert Rudolph</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.