

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008157
8157

STATE FILE NUMBER

AMENDED

Registration District No. 88 Primary Registration District No. 5327 Registrar's No. 6

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union</u>		c. CITY OR TOWN <u>Keysville</u>	
Length of stay in lb <u>15 years</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi. SW of Steelville</u>		d. STREET ADDRESS (If outside, give location) <u>SAME AS 1c.</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Georgia</u> Middle <u>Elma</u> Last <u>Hutson</u>		4. DATE OF DEATH Month <u>3</u> Day <u>30</u> Year <u>61</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-7-05</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keysville Mo.</u>	
11. PLACE (City and State or country) <u>Keysville Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George O. Warfel</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Godbey</u>	
14. NAME OF HUSBAND OR WIFE <u>Louis Hutson</u>		Address <u>Cuba Mo.</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 <u>Louis Hutson</u>		Address <u>Cuba Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture of myocardium</u> <u>Sudden death of apparently normal individual</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u></u>	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>		
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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>	COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>11:30</u> to <u>A</u> and last saw her alive on <u></u> Death occurred at <u>11:30</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not write title) <u>Harry M. Jonas</u>		22b. ADDRESS <u>Steelville Mo</u>	22c. DATE SIGNED <u>3/31/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-1-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Home</u>	23d. LOCATION (City, town, or county) (State) <u>Crawford Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Harry M. Jonas</u>		25. DATE RECD. BY LOCAL REG. <u>4-1-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lickins</u>

(Licensed Embalmer's Statement on Reverse Side)

Elma *Warfel* Hutson

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Birth: Oct. 7, 1905
Death: Mar. 30, 1961

Inscription:
wife of Jentry Hutson

Note: daughter of Clara Adlee Godbey 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# 69881443