EMBALMER'S NAME Frank E. Johns

LICENSE No. 1983

FUNERAL DIRECTOR'S LICENSE No. 816

CERTIFICATE OF DEATH

1. STATE: Indiana
2. COUNTY: Marion
3. CITY, TOWN OR LOCATION: Indianapolis
4. LENGTH OF STAY IN THIS PLACE: 28 days
5. CITY, TOWN OR LOCATION: Indianapolis Ind
6. NAME OF HOSPITAL OR INSTITUTION: Methodist Hosp
7. STREET ADDRESS: 525 N. Lyons Ave
8. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]
9. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
10. IS RESIDENCE ON A FARM? YES [ ] NO [X]
11. NAME OF DECEASED (Type or print): John Richard Hutchings
12. DATE OF DEATH: Month 4 Day 27 Year 63
13. SEX: M
14. COLOR OR RACE: W
15. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
16. DATE OF BIRTH: 4/14/16
17. AGE (Last birthday): 47
18. If under 1 year: Months 0 Days 13
19. If under 24 hrs.: Hours Min.
20a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
20b. KIND OF BUSINESS OR INDUSTRY: BASEBALL MGR
21. BIRTHPLACE (State or foreign country): Chicago, Illinois
22. CITIZEN OF WHAT COUNTRY: USA
23. FATHER'S NAME: Richard Hutchings
24. MOTHER'S MAIDEN NAME: Margaret A. Touse TRUSE
25. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
26. SOCIAL SECURITY NO.: 420-09-0307
27a. INFORMANT'S NAME: ANNA Hutchings
27b. INFORMANT'S ADDRESS: Same 525 N. Lyons St. Indianapolis, Indiana
27c. RELATIONSHIP TO DECEASED: Wife

MEDICAL CERTIFICATION

28. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia renal — INTERVAL BETWEEN ONSET AND DEATH: 1 week

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.

DUE TO (b) Renal Failure chronic glomerulo Nephritis — 1 year

DUE TO (c) Chronic Glomerulo Nephritis — 8 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).

29. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

30a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

30b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 28.)

30c. TIME OF INJURY: Hour a.m. p.m. Month Day Year

30d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

30e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

30f. CITY, TOWN, OR LOCATION COUNTY STATE

31. ATTENDING PHYSICIAN: I certify that I attended the deceased from 3/29/63 to 4/27/63 and last saw him alive on 4/22/63. Death occurred at 6:50 P M (C.S.T.) on the date stated above and to the best of my knowledge, from the cause stated.

JOHN D. GRAHAM, M.D.

32. HEALTH OFFICER. I certify that I investigated cause of death of deceased and find that death occurred at ____ M (C.S.T.) from cause stated and on above date.

33a. Signature: J. G. Johns MD [ ] Health Officer [X] Attending Physician

33b. ADDRESS: Methodist Hosp

33c. DATE SIGNED: 4/27/63

34a. BURIAL, CREMATION, REMOVAL (Specify): Burial

34b. DATE: 5-1-63

34c. NAME OF CEMETERY OR CREMATORY: Holy Cross

34d. LOCATION: Indianapolis, Indiana

DATE FILED BY LOCAL HEALTH OFFICER: AUG 29 1963

SIGNATURE OF HEALTH OFFICER: Henry J. Kerr, M.D.

35. FUNERAL DIRECTOR: Usher Funeral Home, Indianapolis, Indiana

ADDRESS

S.H.-6.5-4 Revised '56 U. S. Department Health, Education and Welfare. Form Approved. Budget Bureau No. 68-R373

USHER FUNERAL HOME