

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46799

State File No.

151
10

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>	
c. LENGTH OF STAY (In this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>504 Watts</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>D.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Hitt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 23, 1869</u>
9. AGE (In years) (Month) (Day) <u>80</u>	10. UNDER 1 YEAR (Months) <u>2</u>	11. UNDER 2 HRS. (Hours) <u>8</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ben Franklin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Newman</u>	14. NAME OF HUSBAND OR WIFE <u>Andrew Jackson Hitt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>----</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Grover Tolson Fayette, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute left ventricular failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerotic heart disease</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? 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) m.	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 <u>Feb 22, 1950</u> , to <u>March 1, 1950</u> , that I last saw the deceased alive on <u>March 1, 1950</u> and that death occurred at <u>5:45 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Fayette, Mo</u>	23c. DATE SIGNED <u>March 2, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/2/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, MO</u>
DATE REC'D BY LOCAL REG. <u>3-2-50</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> <u>436</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Fayette, Mo</u>	

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

RECEIVED MAR 13
District Health Officer No. 8,

District File Number.....

Date Filed 3-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Ralph A. Carr
Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.