

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 12 1950

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 126

2994
2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Sat. Francois</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 town or township) <u>Farmington RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Francois</u> OR <u>St. Francois</u> <u>5 Mos.</u> ; <u>2</u> <u>dasown Salem,</u> <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>Stone Hill Route</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVE</u> b. (Middle) <u>RUTH</u> c. (Last) <u>HUITT</u>			4. DATE OF DEATH (Month) / (Day) (Year) <u>March 31, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>August 1, 1905</u>		9. AGE (In years last birthday) <u>44</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>30</u> IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (State or foreign country) <u>Salem, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John L. Huitt</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Potter</u>		14. NAME OF HUSBAND OR WIFE	
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'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		DUE TO (b) <u>Peritoneal Adhesions</u>			<u>Abt. 3 das.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<u>Unknown.</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Psychosis with mental deficiency.</u>					<u>597X</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)		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 Oct. 5, 1949 to March 31, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 9:35P m., from the causes and on the date stated above.

22a. SIGNATURE <u>John A. Brennan M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>4-1-50.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stone Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 1, 1950</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hobson-Grantham, Salem, Mo.</u>	
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RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-549

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 *Paul K. Dwyer*

Licensed Embalmer No. *4120*

P. O. Address *Farmington 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.