S. No. 300
v. 10-48

20 APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12229

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 148

0143
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 0143
d. STREET ADDRESS (If rural, give location): 105 W 9 Th.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Cotton
c. (Last): Truitt

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 20/1870
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Callaway Cnty. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John B. Fenley
13b. MOTHER'S MAIDEN NAME: Minnie J. Miller
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): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Carl Truitt — ADDRESS: Fulton Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): metastatic carcinoma, uterus — INTERVAL BETWEEN ONSET AND DEATH: 5-10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating, the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — 3-5 yrs

19a. DATE OF OPERATION: 4/15/1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of uterus c̄ metastasis to ilicum
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: — 174X

22. *I hereby certify that I attended the deceased from* Mar 17, 1942, *to* Apr. 19, 1952, *that I last saw the deceased alive on* Apr. 19, 1952, *and that death occurred at* 9:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lloyd E. Hutchins, D.D.
23b. ADDRESS: Fulton, Mo.
23c. DATE SIGNED: 4/21/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 21/52
24c. NAME OF CEMETERY OR CREMATORY: Millersburg Cem.
24d. LOCATION (City, town, or county) (State): Millersburg Mo.

DATE REC'D BY LOCAL REG.: April 26. 1952
REGISTRAR'S SIGNATURE: Maretta Lawrence 426-1
25. FUNERAL DIRECTOR'S SIGNATURE: Maupin Funeral Home — ADDRESS: Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J. C. Russom

Licensed Embalmer No. 2555

P. O. Address Fulton 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.