

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30628**

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5002** Registrar's No. **335**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty Twp.	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Novinger 0010	
d. FULL NAME OF HOSPITAL OR INSTITUTION Novinger, Mo. R. R. #2		d. STREET ADDRESS (If rural, give location) R. R. #2 0	

3. NAME OF DECEASED (Type or Print) Menerva	a. (First)	b. (Middle) Ann	c. (Last) Truitt	4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1858	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Beverly Sims	13b. MOTHER'S MAIDEN NAME Mary Martin	14. NAME OF HUSBAND OR WIFE George W. Truitt
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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. None	17. INFORMANT'S SIGNATURE OR NAME Charley B. Truitt, Novinger, Mo.	ADDRESS Novinger, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease		MEDICAL CERTIFICATION Chronic Valvular Heart Disease	INTERVAL BETWEEN ONSET AND DEATH 5 years
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4214	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June, 1948**, to **Oct 7, 1952**, that I last saw the deceased alive on **Oct 4, 1952** and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) N. T. Garrison M.D.	23b. ADDRESS Novinger, Mo.	23c. DATE SIGNED 9-10-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/9/52	24c. NAME OF CEMETERY OR CREMATORY Lutz	24d. LOCATION (City, town, or county) (State) Adair Co. Mo
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DATE REC'D BY LOCAL REG. 10-10-52	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Riley	ADDRESS Kirksville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

Richard H. Randall

Licensed Embalmer No. *4866*

P. O. Address *Furberville, 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.