

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8643

State File No.

FILED APR 10 1953

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5004</u>		Registrar's No. <u>122</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural NOVINGER</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger, RURAL</u>		0010		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harrison</u>		b. (Middle) <u>M</u>		c. (Last) <u>Truitt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 28, 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 15, 1888</u>		
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>		11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jesse Oceola Truitt</u>			13b. MOTHER'S MAIDEN NAME <u>Etta Easley</u>			14. NAME OF HUSBAND OR WIFE <u>Lena Truitt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-1549</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Truitt, Novinger, Mo.</u>		ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>		
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 <u>None</u>		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) <u>Adair</u>				
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 <u>March 26, 1953</u> to <u>March 26, 1953</u> that I last saw the deceased alive on <u>March 26, 1953</u> and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>H. Harrison</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Novinger, Mo.</u>		23c. DATE SIGNED <u>4/7/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/2/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-8-53</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. ...</u>		ADDRESS <u>Kirksville, Mo.</u>		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Richard H. Randall

Signed.....
Student Embalmer

Licensed Embalmer No. 4866

P. O. Address Kirksville, 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.