No. 300
10.48

Truitt

FILED MAR 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9102

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 29

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

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrollton
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wetzel Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence admk.)
a. STATE: Mo.
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Cowgill Twp. 0130
d. STREET ADDRESS (If rural, give location): 5 miles west Braymer, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): LYDIA
b. (Middle): I.
c. (Last): TRUITT

4. DATE OF DEATH (Month) (Day) (Year): 2/12/1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 4, 1873
9. AGE (In years last birthday): 80 — 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: Housekeeper
11. BIRTHPLACE (City and State or Foreign Country): Grundy Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Ishmael
13b. MOTHER'S MAIDEN NAME: Nancy Hosclaw
14. NAME OF HUSBAND OR WIFE: Sam Truitt

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Eva Rogers Braymer 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): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Fracture of Hip (Left) — 2 wks
DUE TO (c): Inter (trochanteric) — E9030 20

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senile Dementia — Years

19a. DATE OF OPERATION: 1-25-53
19b. MAJOR FINDINGS OF OPERATION: Inter trochanteric Fracture Left Hip 013
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident home
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Braymer Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 24 53 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: slipped & fell

22. *I hereby certify that I attended the deceased from* Jan 24, 1950, *to* Feb 12, 1953, *that I last saw the deceased alive on* Feb 12, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Wm Chetzel [illegible]
23b. ADDRESS: Carrollton Mo
23c. DATE SIGNED: 2/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/15/1953
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Braymer, Mo.

DATE REC'D BY LOCAL REG.: 3/16/53
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert 45
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Genie C. Michael Braymer, 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 Lewis Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.