

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11108

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (In this place) <u>4 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>	
		d. STREET ADDRESS (If rural, give location) <u>413 South School St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u> b. (Middle) <u>Franklyn</u> c. (Last) <u>Huitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 5, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drill Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>George Huitt</u>	13b. MOTHER'S MAIDEN NAME <u>Dont know</u>	14. NAME OF HUSBAND OR WIFE <u>Della Huitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>890-03-2757</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Della Huitt Desloge, Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	DUE TO (c)		
11. 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	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 May, 1951, to Feb. 28, 1953, that I last saw the deceased alive on Feb. 28, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Byron H Taylor MD</u> (Degree or title)	23b. ADDRESS <u>Hat River, Mo</u>	23c. DATE SIGNED <u>3-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 10, 1953</u>	REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer and son</u>	ADDRESS <u>Desloge, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

941  
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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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Westport, 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.