

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27877

FILED SEP 2 - 1953

State File No. 359
Registrar's No. 359

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		State File No. 359		Registrar's No. 359	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Reynolds</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington</u>		0900			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brandon Hospital</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>Lee</u>		c. (Last) <u>Huett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-17-1953</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>April 14, 1872</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Reube, Reynolds Co Mo U.S.A</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mo U.S.A</u>			
13a. FATHER'S NAME <u>Esau Huett</u>			13b. MOTHER'S MAIDEN NAME <u>Charity Jeff</u>			14. NAME OF HUSBAND OR WIFE <u>Delphi Huett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Loyd Huett</u>		ADDRESS <u>Ellington Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8-10-53</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Perforation of bowel</u>		<u>8-9-53</u>			
				DUE TO (c) <u>Strangulated Hernia, Inguinal</u>		<u>Unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>8-10-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforation of bowel</u>						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>5615</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>8-10-53</u> , 19 <u>53</u> , to <u>8-17-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-17-53</u> , 19 <u>53</u> , and that death occurred at <u>2:08 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. L. Brandon, M.D.</u> (Degree or title)				23b. ADDRESS <u>1124 N. Main, Poplar Bluff</u>			23c. DATE SIGNED <u>8-24-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ellington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington Mo</u>			
DATE REC'D BY LOCAL REG. <u>8/26/53</u>		REGISTRAR'S SIGNATURE <u>J. H. Huettler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Perwill Van Buren</u>		ADDRESS <u>Mo</u>			

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

RECEIVED
AUG 31 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.