

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN. 11 1954

BIRTH NO. 86925-59 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5009 Registrar's No. 4

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

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Robert	b. (Middle) Eugene	c. (Last) Truitt	Jan. 2, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 28, 1953	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 6 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Kirksville, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Clarence D. Truitt	13b. MOTHER'S MAIDEN NAME Jacqueline Joyce Craig	14. NAME OF HUSBAND OR WIFE X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Clarence D. 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9240 18		

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Family Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Adair Co. (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 2-54 4³⁰ A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Smothered while sleeping in bed
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22. I hereby certify that I attended the deceased from **4/30**, 19**54**, to **1/3**, 19**54**, that I last saw the deceased alive on **1/3**, 19**54**, and that death occurred at **4/30** A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert B. Davis Coroner	23b. ADDRESS Kirksville (Adair Co.) Mo.	23c. DATE SIGNED Jan 2, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/3/54	24c. NAME OF CEMETERY OR CREMATORY Lartz	24d. LOCATION (City, town, or county) (State) Adair Co., Mo.
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DATE REC'D BY LOCAL REG. 1-3-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul W. Riley	ADDRESS Kirksville, Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Richard H. Bandall*.....

Licensed Embalmer No. *486*

P. O. Address *Quincy, Ill.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.