

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21212**

**FILED JUN 25 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>1 Day</b>	c. CITY OR TOWN <b>Hannibal</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Leveing Hospital</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>1107 Union St. 06470</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b> b. (Middle) <b>L.</b> c. (Last) <b>Truitt</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 17 - 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 13, 1891</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>0 Ralls County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>					

13a. FATHER'S NAME <b>H Harvey Truitt</b>		13b. MOTHER'S MAIDEN NAME <b>Marian Harring</b>		14. NAME OF HUSBAND OR WIFE <b>Goldie Truitt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <b>Hannibal, Mo.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Broncho</b>		<b>48 hrs.</b>
	ANCEDECENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Right Ventricular Failure 14 days</b> DUE TO (c) <b>Asthma and</b>		<b>years?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary emphysema</b>		<b>years?</b>	

19a. DATE OF OPERATION	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **6-17-56**, 19**56** to **6-17-56**, 19**56**, that I last saw the deceased alive on **6-17-56**, 19**56**, and that death occurred at **12:35 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. L. Brown</b> (Degree or title)	23b. ADDRESS <b>M.D. 100 N. Sixth, Hannibal, Mo.</b>	23c. DATE SIGNED <b>6-19-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-20-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Hannibal, Mo.</b>

DATE REC'D BY LOCAL REG. <b>6-20-56</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Luck</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Fisher</b>	ADDRESS <b>Hannibal, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement of Reverse Side)

RECEIVED JUN 21 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 21 1956

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 *Ralph Clark*.....

Licensed Embalmer No...4217

P. O. Address...annibal,...

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.