

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40070**

FILED NOV 18 1957

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>4208</u>		Registrar's No. <u>75</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville</u>		c. LENGTH OF STAY (In this place) <u>75 years</u>		c. CITY OR TOWN <u>Cainsville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0410</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Isreal</u> c. (Last) <u>Huitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 11 1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 10 1872</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Dodge, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Isreal Huitt</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Huitt (Deceased 1935)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Garland Huitt, Cainsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusions</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arterio-sclerosis</u> DUE TO (c) <u>Semiplety</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2-3 hrs.</u> <u>several hours</u> <u>perhaps</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>neither</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>				
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 <u>Dec 10, 1955</u> , to <u>Nov. 11, 1957</u> , that I last saw the deceased alive on <u>Nov. 11, 1957</u> , and that death occurred at <u>3 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Cainsville, Mo.</u>		23c. DATE SIGNED <u>11-12-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 14, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blythedale, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>11-12-57</u>		REGISTRAR'S SIGNATURE <u>Zella Mapey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Cainsville, Mo.</u>				

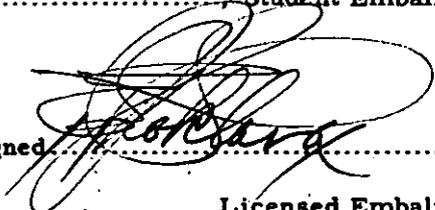
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

547

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, at/ty Eddie J. Stoklasa Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, M

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.