

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018414

STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. 199 200 Primary Registration District No. 4332 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Macon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ethel, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ethel, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Von</b> Middle <b>A.</b> Last <b>Truitt</b>			4. DATE OF DEATH Month <b>May</b> Day <b>22</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 10, 1921</b>	9. AGE (In years last birthday) <b>38</b>	10. F UNDER 1 YEAR Months <b>2</b> Days <b>12</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Standard Oil Agent</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Industry</b>	11. BIRTHPLACE (City and state or country) <b>Ethel, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert Truitt</b>		13b. MOTHER'S MAIDEN NAME <b>Essie Byler</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Martha Truitt</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <b>Yes World War II</b>		16. SOCIAL SECURITY NO. <b>498-14-0524</b>	17. INFORMANT Address <b>Mrs. Martha Truitt, Ethel, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b>					
DUE TO (c) <b>premature atherosclerosis of coronary arteries</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>5-22-59</b> to <b>5-22-59</b> and last saw him alive on <b>5-22-59</b> Death occurred at <b>1:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>F. A. Danellson D. O.</b>			22b. ADDRESS <b>Bucklin Mo</b>		22c. DATE SIGNED <b>5-22-59</b>
23a. FUNERAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May, 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ethel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ethel, Missouri</b>	
24. FUNERAL DIRECTOR <b>Larson Funeral Service,</b> ADDRESS <b>Bucklin, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>May 23, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Ruth McNeely.</b>	

Doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57-

FORM 2

JUN 1 1959

Date Filed 5-29-57

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 *C. A. Larson* .....

Licensed Embalmer No. 4037 .....  
P. O. Address Bucklin, Missouri

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.