

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035053**

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3000 Registrar's No. 308

ENDED

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Benton Twp.</b>		Length of stay in lb	c. CITY OR TOWN <b>Kirksville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hiway 63 South</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET (If outside, give location) <b>1607 E. McPherson St.,</b>
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Eugene</b> Last <b>Truitt</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>15,</b> Year <b>1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/28/56</b>
9. AGE (last birthday) <b>2</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and state or country) <b>Kirksville, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		13a. FATHER'S NAME <b>Herman Eugene Truitt</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ann Morrison</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <b>No</b> unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Herman Eugene Truitt, Kirksville, Mo.</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>Crushed Skull,</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
DUE TO (b) <b>Boy fell out Rt. cab door of a 2 ton Chev. truck and the Rt. dual wheels passed over his head crushing it and opening the cavity.</b>			
DUE TO (c) <b>his head crushing it and opening the cavity.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury or <b>PLAIN</b> or PART II of item 18.) <b>(See 18b and 18c) Door came from an unknown source, locks and catches good.</b>	
20c. TIME OF INJURY Hour <b>4:35</b> p.m. Month, Day, Year <b>Oct. 15/59</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>App. 15 ft. E. of 63 on Side Rd. 2 Mi. S. Kirksville, Mo.</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>RFD Kirksville, Adair, Missouri.</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>4:35 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Nova E. Foster</b> (Name or title) <b>Coroner</b>		22b. ADDRESS <b>Kirksville, Mo.</b>	22c. DATE SIGNED <b>10/16/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/17/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kirksville, Mo.</b>
24. FUNERAL DIRECTOR <b>Paul R. [Signature]</b> ADDRESS <b>Kirksville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 18, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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 R. Ellis*

Licensed Embalmer No. 5036

P. O. Address Herkville, Mo

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.