

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014049

STATE FILE NUMBER

FILED VS APR 25 1960

Primary Registration District No. 3000 Registrar's No. 108

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, give TOWNSHIP only) Kirksville		Length of stay in 1b 4 wks		c. CITY OR TOWN Novinger		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 608 W. Filmore St.,			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. F. D. #2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ella Emma Jane Middle Truitt Last Truitt				4. DATE OF DEATH Month April Day 20 Year 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/5/1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Adair county, Mo.		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Hugh Davis Miller			13b. MOTHER'S MAIDEN NAME Emma Sleani Hoke			14. NAME OF HUSBAND OR WIFE Charlie B. Truitt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. X		17. INFORMANT Address Charlie B. Truitt, Novinger, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Cardio-vascular-renal disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH Sudden 10 years	
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 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.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 June 5, 1954 to April 20, 1960 and last saw her alive on April 20, 1960 Death occurred at 10:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Howard E. Gross, Sr. (Degree or title)				22b. ADDRESS Kirksville, Mo.			22c. DATE SIGNED 4-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/24/60	23c. NAME OF CEMETERY OR CREMATORY Lutz Cemetery		23d. LOCATION (City, town, or county) Adair Co., Mo.			(State)
24. FUNERAL DIRECTOR Paul M. Riley ADDRESS Kirksville, Mo.			25. DATE RECD. BY LOCAL REG. 4-22-1960		26. REGISTRAR'S SIGNATURE Doris W. Raloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Howard E. Gross, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George W. Davall

Licensed Embalmer No. 4799

P. O. Address Kirkwood

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.