

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 1960 53

=60-037692

STATE FILE NUMBER

Registration District No. 3010 Primary Registration District No. 421 Registrar's No.

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau, Mo.		Length of stay in lb 2 yrs.	c. CITY OR TOWN Arbor, Welch Twp/ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 703 Whitlaw		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R-1 ADVANCE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print): First Raleigh Middle A. Last Hitt Sr.	4. DATE OF DEATH Month Oct. Day 21 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/12/73	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 9 Days 9 Hours 9 Min.	IF UNDER 24 HR Hours 9 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster Farmer	10b. KIND OF BUSINESS OR INDUSTRY Postoffice Farming	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME J. W. Hitt	13b. MOTHER'S MAIDEN NAME Elizabeth Misamore	14. NAME OF HUSBAND OR WIFE Mary Kidd Hitt
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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. none	17. INFORMANT Raliegh Hitt Jr. Arbor, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infection of scrotum Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fluid within scrotum DUE TO (c) a bruise	INTERVAL BETWEEN ONSET AND DEATH 2 wks
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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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) He fell on scrotum
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20c. TIME OF INJURY Hour 5 a.m. Month Oct Day 7 Year 1960	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.) home	20f. CITY, TOWN, OR LOCATION Cape Girardeau Mo	COUNTY Mo	STATE
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21. I attended the deceased from Oct 2 to Oct 21st and last saw him alive on Oct 21 1960 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Describe or title) Morgan	22b. ADDRESS Delta, Mo.	22c. DATE SIGNED 10/22/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/23/60	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	23d. LOCATION (City, town, or county) (State) Advance, Mo.
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24. FUNERAL DIRECTOR Wm. H. Morgan, Advance, Mo.	25. DATE RECD. BY LOCAL REG. Oct 25-60	26. REGISTRAR'S SIGNATURE Irene Kasten
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed W^m H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.