

FILED JUN 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22100**

550  
4

BIRTH NO.		REG. DIST. NO. <b>17E</b>	PRIMARY REG. DIST. NO. <b>565.2</b>	Registrar's No. <b>18</b>
1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Miller Greene</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Miller Greene</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dye Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. 0550 0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cora</b>		b. (Middle) <b>Minerva</b>		c. (Last) <b>Truitt</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>6-19-1953</b>		5. SEX <b>Female</b>		
6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>2-28-1881</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>21</b>		IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housekeeper</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence Co. O.M.</b>
12. CITIZEN OF WHAT COUNTRY? <b>Native</b>		13a. FATHER'S NAME <b>Thomas H. Truitt</b>		
13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Bryant</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Gladys Robinson</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>2R</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Atherosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>May 1, 1952</b> , to <b>6-18, 1953</b> , that I last saw the deceased alive on <b>6-18, 1953</b> , and that death occurred at <b>2-30 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>W. S. Burney M.D.</b> (Degree or title)		23b. ADDRESS <b>Miller, Mo.</b>		23c. DATE SIGNED <b>6-22-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-21-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stahl</b>
24d. LOCATION (City, town, or county) (State) <b>S.W. of Miller Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Morris Kiron</b> ADDRESS <b>Miller Mo.</b>		
DATE REC'D BY LOCAL REG. <b>6-22-53</b>		REGISTRAR'S SIGNATURE <b>W. S. Burney</b> ADDRESS <b>155-0</b>		

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

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*S. R. Seimon*

Licensed Embalmer No. \_\_\_\_\_

32 97

P. O. Address \_\_\_\_\_

*Miller 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 this body is not embalmed, fact should be so stated above.