

No. 300
10.48

FILED OCT 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31204

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 75

0600

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

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark. b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Noel		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Sulphur Springs	
c. LENGTH OF STAY (in this place) 3 mos.		d. STREET ADDRESS (If rural, give location) City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fountian Clinic			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Truitt			4. DATE OF DEATH (Month) (Day) (Year) 8-29-54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 29, 1864		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR: Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Cave Operator		10b. KIND OF BUSINESS OR INDUSTRY Caves		11. BIRTH PLACE (City and State or Foreign Country) Shelbyville, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lenah Truitt	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lenah Truitt ADDRESS Sulphur Springs Ark.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial decompensation			DUE TO (b) Chronis Myocarditis			3 wks		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Glomerulonephritis			2		
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 4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Sept.**, 1950, to **Aug. 29, 1954**, that I last saw the deceased alive on **Aug. 29, 1954** and that death occurred at **9:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. D. Fountain (Degree or title) D.D.		23b. ADDRESS Noel, Missouri		23c. DATE SIGNED 9-11-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-54		24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery		24d. LOCATION (City, town, or county) (State) Anderson, Mo.	
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DATE REC'D BY LOCAL REG. 9-25-54		REGISTRAR'S SIGNATURE Maynard J. Humphrey 423		25. FUNERAL DIRECTOR'S SIGNATURE W. M. Humphrey, Jr. Noel, Mo. ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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 *R. M. Humphrey Jr.*

Licensed Embalmer No. 47081

P. O. Address Noel, 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.