

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# =60-034482

Dr. Lemmon

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1011

STATE FILE NUMBER

FILED VS OCT 10 1960

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b>		b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Length of stay in 1b <b>25 YRS.</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2356 WALLIS SMITH DR</b>	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>MILTON</b>			Middle <b>O.</b>			Last <b>TRUITT</b>			4. DATE OF DEATH Month <b>OCT.</b>			Day <b>3</b>			Year <b>1960</b>		
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5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/2/99</b>		9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HR. Days		Hours		Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETD. GEN CLAIN AGENT</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO R.R.</b>			11. BIRTHPLACE (City and state or country) <b>HANNIBAL, MO.</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
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13a. FATHER'S NAME <b>OTIS TRUITT</b>			13b. MOTHER'S MAIDEN NAME <b>LILLIE CRAMER</b>			14. NAME OF HUSBAND OR WIFE <b>ADELE GAIENNIE TRUITT</b>		
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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) <b>NO</b>			16. SOCIAL SECURITY NO.			17. INFORMANT <b>MRS. ADELE G. TRUITT, SPRINGFIELD, MO</b>		
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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) <b>Carcinoma of lung</b>								INTERVAL BETWEEN ONSET AND DEATH <b>5 mos.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									

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.)					
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20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year							
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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	
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21. I attended the deceased from <u>1955</u> to <u>10-3-60</u> and last saw him alive on <u>10-2</u> Death occurred at <u>8:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
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22a. SIGNATURE <b>Dr. Lemmon MD</b> (Degree or title)			22b. ADDRESS <b>Springfield, Mo.</b>			22c. DATE SIGNED <b>10-3-60</b>		
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10/5/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>		23d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>			
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24. FUNERAL DIRECTOR ADDRESS <b>H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>10-4-60</b>		26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>			
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 T 100

**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 *R. L. McCom*

Licensed Embalmer No. 272

P. O. Address *Springfield*

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.