SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042122

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 466

FILED DEC 12 1961

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 N. Jackson
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Farmington
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 302 N. Jackson
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ellis Middle B. Last Huitt

4. DATE OF DEATH Month December Day 3 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10/12/1890

9. AGE (last birthday) 71

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Crawford Co., Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Grant Huitt

13b. MOTHER'S MAIDEN NAME Josephine Hanson

14. NAME OF HUSBAND OR WIFE Callie Huitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Callie Huitt Farmington, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 1 hr

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 12-3-61 to 12-3-61 and last saw her/him alive on 12-3-61
Death occurred at 9:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Carleton, MD

22b. ADDRESS Farmington Mo

22c. DATE SIGNED 12-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Butial

23b. DATE 12/5/61

23c. NAME OF CEMETERY OR CREMATORY Caledonia Methodist Cem.

23d. LOCATION (City, town, or county) Caledonia (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Miller Funeral Home Farmington, Mo.

25. DATE RECD. BY LOCAL REG. Dec. 4, 1961

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED BY AFFIDAVIT OF DOCUMENT

DEC 27 1961

APR 10 1962

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4120

P. O. Address _____

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.