

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7637
 Do not use this space.

1. PLACE OF DEATH

(a) County Pemissot Registration District No. 655
 (b) Township _____ Primary Registration District No. 4392 Registered No. _____
 (c) City Steele (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 15 yrs. mo. da. (f) How long in U.S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME

(a) Residence, No. Ben Tom Petty St. (If nonresident, give city or town and State)
Steele, Mo.
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella May Petty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 9 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hornbeak Tenn

FATHER 13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. D.K.

MOTHER 15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. D.K.

17. INFORMANT Harry Petty (ADDRESS) Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville, Mo. Jan 7th 19 40

19. FUNERAL DIRECTOR (NAME) German Undt Co. (ADDRESS) Steele, Mo.

20. FILED Feb 1 19 40 L. J. Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6- 19 40

22. I HEREBY CERTIFY, That I attended deceased from 12-3- 1939, to 12-3- 1939
 I last saw h.l.m. alive on 12-5- 1939. Death is said to have occurred on the date stated above, at 8:00 A.M.
 The principal cause of death and related causes of importance were as follows:

1. Coronary heart disease Date of onset 10-1-38
 2. Generalized Arteriosclerosis 10-1-36
 3. Arteriosclerotic Nephritis 10-1-36

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) E. L. Taylor M. D.
 (Address) Steele, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

16-2-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.