

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23165

State File No. _____

FILED AUG. 7 1950

BIRTH NO. _____ REG. DIST. NO. 5101 PRIMARY REG. DIST. NO. 5395 Registrar's No. 46

0340

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

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Douglas</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR <u>Sweden, R, Grown</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Sweden, Rural Brown</u> <u>0340</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Pettyjohn</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-50</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>8-6-62</u> |
| 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Walter Myzell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm. S. Pettyjohn</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M E Pettyjohn — Ava, Missouri</u> |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Secondary anemia</u> DUE TO (c) <u>Chronic Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>?</u> <u>3-4 yrs</u> | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>334X</u> | |
| 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? | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6: A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>M E Pettyjohn M.D.</u> | | 23b. ADDRESS <u>Ava Mo.</u> | 23c. DATE SIGNED <u>7-24-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-9-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Dobbs</u> | 24d. LOCATION (City, town, or county) (State) <u>Sweden, Missouri</u> |
| DATE REC'D BY LOCAL REG <u>July 27-50</u> | REGISTRAR'S SIGNATURE <u>Vestal Bushnell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>84</u> | ADDRESS <u>Winkingbeard Funeral Home, Ava, Mo.</u> |

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield.

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Dist. File 850-902

Date Filed 8-5-50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.