

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26201**

FILED SEP 8 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **284**

1. PLACE OF DEATH a. COUNTY <b>Gallaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b> <b>0451</b>	
c. LENGTH OF STAY (in this place) <b>3 mos.</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>State Hospital No. 1 Fulton, Missouri</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>B.</b> c. (Last) <b>Petrie</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 29 1950</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 11, 1870</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>D.K.</b>		11. BIRTHPLACE (State or foreign country) <b>Howard County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Alexander Petrie</b>		13b. MOTHER'S MAIDEN NAME <b>Elsie McDonulce</b>		14. NAME OF HUSBAND OR WIFE <b>ANNIE BARNETT Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>D.K.</b>		16. SOCIAL SECURITY NO. <b>D.K.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospitals Records; Fulton, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>			<b>4222</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile dementia</b>				
		DUE TO (c) _____				
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Aug. 23, 1950**, to **August 29, 1950**, that I last saw the deceased alive on **Aug. 28, 1950**, and that death occurred at **five pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. C. Caldwell M.D.</b>		23b. ADDRESS <b>St. Hosp. No 1; Fulton, Mo.</b>		23c. DATE SIGNED <b>8-29-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 31, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Ridge Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Fayette Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Holley - Cass Fayette Mo</b>		ADDRESS	
DATE REC'D BY LOCAL REG. <b>August 29, 1950</b>		REGISTRAR'S SIGNATURE <b>Maretta Lawrence</b> <b>426</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

SEP - 4 1950

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Edward F. Boyles

Signed.....  
Student Embalmer

Licensed Embalmer No. 4503

P. O. Address Fayette 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.