

FILED OCT 2 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **29506**

BIRTH NO.		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>1079</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Darwin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>10 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Sheridan Twp.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mary Hospital</b>				d. STREET ADDRESS <b>(If rural, give location)</b>			
3. NAME OF DECEASED a. (First) <b>Lowell</b>		b. (Middle) <b>John</b>		c. (Last) <b>Pettit</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 23 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Dec. 17, 1938</b>	
9. AGE (In years last birthday) <b>18</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Darvess Co. Mo.</b>	
11. BIRTHPLACE (State or foreign country) <b>Darvess Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Emery Pettit</b>		13b. MOTHER'S MAIDEN NAME <b>Fern Murphy</b>	
14. NAME OF HUSBAND OR WIFE <b>---</b>		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. <b>497-82-4401</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Wm. Wilson</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Anoxemia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Edema</b> DUE TO (c) <b>Bilateral Pneumonia</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 hr</b> <b>more than 8 hrs.</b> <b>?</b> <b>490X</b>	
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 <b>9-22, 1950</b> , to <b>9-23, 1950</b> , that I last saw the deceased alive on <b>9-23, 1950</b> , and that death occurred at <b>4:40 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. H. Coarbis</b>				23b. ADDRESS <b>1002 823 Furman St. Joseph</b>		23c. DATE SIGNED <b>9-23-50</b>	
24a. BURIAL, CREMATION, REBURYAL (Specify)		24b. DATE <b>9-23-50</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Hamilton, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Sept. 26, 1950</b>		REGISTRAR'S SIGNATURE <b>W. B. Jenkins</b>		3820		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brown Funeral Home</b>	
						ADDRESS <b>Hamilton</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Charles M. Harman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St Joseph

**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.