S. No. 300
10-48

FILED JUL 16 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25288

BIRTH NO. 43773 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 222

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

1. PLACE OF DEATH
a. COUNTY Pettis 0804
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis 0800
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia, Rural
d. STREET ADDRESS (If rural, give location) Route 4

3. NAME OF DECEASED (Type or Print)
a. (First) Randy
b. (Middle) Dean
c. (Last) Petree

4. DATE OF DEATH (Month) (Day) (Year) July 10, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH July 9, 1952
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Orville Petree
13b. MOTHER'S MAIDEN NAME Mary M. Boyer
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Sally Gault, Sedalia, Mo. **ADDRESS** R4

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital hypertrophy of heart
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 7544
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 9, 1952, *to* July 10, 1952, *that I last saw the deceased alive on* July 10, 1952, *and that death occurred at* 10:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE H. O. Wilbur (Degree or title) DO 2
23b. ADDRESS Sedalia, Missouri
23c. DATE SIGNED 7/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/11/52
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
24d. LOCATION (City, town, or county) Sedalia, Mo. (State)

DATE REC'D BY LOCAL REG. 7/11/52
REGISTRAR'S SIGNATURE A. J. Campbell 2/1 51
25. FUNERAL DIRECTOR'S SIGNATURE Duane Ewing **ADDRESS** Sedalia, Mo.

H.S.

(Licensed Embalmer's Statement on Reverse Side)

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.