

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

360

State File No.

JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Higginville <u>0541</u>	
c. LENGTH OF STAY (in this place) 21 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) EDWARD	c. (Last) PETTIE	4. DATE OF DEATH (Month) (Day) (Year) Jan 7, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 30, 1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 3 Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common laborer	10b. KIND OF BUSINESS OR INDUSTRY Common labor	11. BIRTHPLACE (State or foreign country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Pettie	13b. MOTHER'S MAIDEN NAME Lillie Long	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 487-16-6036	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Botham, 608 Beacon, K.C. Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		422.1	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Dec 16, 1952, to Jan 7, 1953, that I last saw the deceased alive on Jan 7, 1953, and that death occurred at 4:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Martin Buchanan, MD</i>	23b. ADDRESS <i>State Hospital, St. Joseph, Mo.</i>	23c. DATE SIGNED <i>Jan 7, 1953</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-10-1953	24c. NAME OF CEMETERY OR CREMATORY MZ Rebo	24d. LOCATION (City, town, or county) (State) Grand Pass, Mo.
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DATE REC'D BY LOCAL REG. Jan 19, 1953	REGISTRAR'S SIGNATURE <i>Carl C. Casper</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ray F. Wiegner, Higginville, Mo.</i>
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 JAN 26 1953
 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Roy F Wiegans

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.