V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43907

State File No. .....

FILED DEC 15 1953

BIRTH NO. 23 NO 75 REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 50

0820

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

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Louvre Twp
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): Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green
d. STREET ADDRESS (If rural, give location): 0820

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) Ann c. (Last) Pettey

4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 1963

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: Nov. 4 1963
9. AGE (In years last birthday): — IF UNDER 1 YEAR: Months 1 Days 1 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Louisiana Mo
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: James E. Pettey
13b. MOTHER'S MAIDEN NAME: Connie Hannah
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: 9 ADDRESS:

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) BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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: 491 X
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* DEC 1, 1953, *to* DEC 5, 1953, *that I last saw the deceased alive on* DEC 5, 1953, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) D.O.
23b. ADDRESS: Louisiana, Mo.
23c. DATE SIGNED: 12-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-6-1963
24c. NAME OF CEMETERY OR CREMATORY: Bowling Green
24d. LOCATION (City, town, or county): Bowling Green (State) Mo

DATE REC'D BY LOCAL REG.: 12-12-53
REGISTRAR'S SIGNATURE: Bill Robinson 254
25. FUNERAL DIRECTOR'S SIGNATURE: Grace Bankhead ADDRESS: Bowling Green Mo

(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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green Ky.

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.