

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **132**

FILED FEB 8 1954		REG. DIST. NO. <b>30</b>	PRIMARY REG. DIST. NO. <b>4038</b>	Registrar's No. <b>6</b>
1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARSAW</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARSAW</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MATTHEW</b>		b. (Middle) <b>LONG</b>		c. (Last) <b>PETTIGREW</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 30, 1954</b>		5. SEX <b>Male</b>		
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb 27, 1869</b>
9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Johnson Co., Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>John V Pettigrew</b>		
13b. MOTHER'S MAIDEN NAME <b>Mary Crumb</b>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Brooks Warsaw, Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Atherosclerosis</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) <b>332 X</b>
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?
22. I hereby certify that I attended the deceased from <b>28 JAN</b> , 1954, to <b>30 JAN</b> , 1954, that I last saw the deceased alive on <b>29 JAN</b> , 1954, and that death occurred at <b>4:12 p.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>David H. Glenn, M.D.</b>		23b. ADDRESS <b>Warsaw, Mo.</b>		23c. DATE SIGNED <b>1 Feb 54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shady Grove</b>
24d. LOCATION (City, town, or county) (State) <b>Benton Co. Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John J. Geeser</b>		
DATE REC'D BY LOCAL REG. <b>Feb 2 1954</b>		REGISTRAR'S SIGNATURE <b>Jas A Logan</b>		ADDRESS <b>Warsaw</b>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
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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

*John G. Piser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.