

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12196
1683

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. _____

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|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY OR TOWN Kansas City | c. LENGTH OF STAY (in this place) 34 yrs | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp | | e. STREET ADDRESS (If rural, give location) 915 Fremont 3208 | |

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|--|-------------------------|----------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) DAVID | b. (Middle) L | c. (Last) PETET | 4. DATE OF DEATH (Month) (Day) (Year) April 11, 1954 |
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|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Aug. 30, 1898 | 9. AGE (in years last birthday) 55 | IF UNDER 1 YEAR Months 7 Days 11 | 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) Painter-Decorator | 10b. KIND OF BUSINESS OR INDUSTRY Rendering mfg. | 11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Nebraska | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME James C. Petet | 13b. MOTHER'S MAIDEN NAME Linnie Micheal | 14. NAME OF HUSBAND OR WIFE Neomia B. Petet |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-03-4276 | 17. INFORMANT'S SIGNATURE OR NAME Neomia B. Petet | ADDRESS Same |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr. |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
| 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 as a **Pathologist**, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Jack H. Hill (Degree or title) M.D. | 23b. ADDRESS 3001 Wyandotte St. KCP Mo | 23c. DATE SIGNED 11 Apr 54 |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-14-54 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| DATE REC'D BY LOCAL REG. 4-14-54 | REGISTRAR'S SIGNATURE Seraldine Smith | FUNERAL DIRECTOR'S SIGNATURE Poland P. Speaks | ADDRESS Indep |
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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.....
Signature of Student Embalmer

Signed *R. Kenneth Patterson*

Licensed Embalmer No. *469*
P. O. Address *Indy, Va*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**