

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **359** PRIMARY REG. DIST. NO. **6219** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Drywood Twp.		c. LENGTH OF STAY (In this place) 2 yrs	c. CITY OR TOWN Nevada
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm 27mi S-W. Milo, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Irving James Pettit		e. STREET ADDRESS (If rural, give location) 801 west walnut st. 1000	
5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-23-1924	
9. AGE (In years last birthday) 29		10. MONTH May DAY 21 YEAR 1954	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Contractor	
11. BIRTHPLACE (City and State or Foreign Country) Yankton So. Dakota		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Edwin Pettit		13b. MOTHER'S MAIDEN NAME Josephine Nathan	
14. NAME OF HUSBAND OR WIFE Burnita Joyce Pettit		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) U.S. Navy war 2	
16. SOCIAL SECURITY NO. 329-30-6685		17. INFORMANT'S SIGNATURE OR NAME Mrs. Burnita Pettit ADDRESS 801 W. Walnut - Nevada Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Internal injuries		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal injuries	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. This man was wrecking a barn. Lived approximately 20 or 30 min. after the accident.		INTERVAL BETWEEN ONSET AND DEATH fell on	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No Inquest. no doctor present at time of death.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Milo, Vernon Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-21-54	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Wrecking an old Barn E 9101 6	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 p. m. from the causes and on the date stated above.			
23a. SIGNATURE Walter D. Thurman (Degree or title) Coroner		23b. ADDRESS Nevada Mo.	
23c. DATE SIGNED 5-22-54		24a. BURIAL CREMATION REMOVAL (Specify) Burial	
24b. DATE 5-24-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	
24d. LOCATION (City, town, or county) (State) Deckerich Vernon Mo		25. FUNERAL DIRECTOR'S SIGNATURE Walter D. Thurman ADDRESS Nevada Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May 24 1954		25. FUNERAL DIRECTOR'S SIGNATURE Walter D. Thurman ADDRESS Nevada Mo	

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

1956 JUN 8

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *207*.....

P. O. Address *Wurda, Pa.*.....

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.