

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24093**

0890

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4447 Registrar's No. 68

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|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henrietta</u> | | c. CITY OR TOWN <u>Henrietta</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>30 yrs.</u> | | e. STREET ADDRESS (If rural, give location) <u>Main St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Main St.</u> | | 0870 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>LEE</u> c. (Last) <u>PETTUS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1954</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 2, 1870</u> |
| 9. AGE (In years last birthday) <u>84</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter & farmer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Elkhorn, Ray County, Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter & farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John Richard Pettus</u> | | 13b. MOTHER'S MAIDEN NAME <u>Georgana Jackson</u> | 14. NAME OF HUSBAND OR WIFE <u>Augusta Delamater</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Augusta Pettus, Henrietta, Mo.</u> |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Poisoning</u> 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 <u>4221</u> | |
| 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) (Minute) | |
| 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 <u>June 1, 1949</u> , to <u>June 10, 1954</u> , that I last saw the deceased alive on <u>June 10, 1954</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>W. E. Q. Revore</u> | | 23b. ADDRESS <u>Richmond Mo.</u> | |
| 23c. DATE SIGNED <u>7/12/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>July 13, 1954</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>July 12-1954</u> | | REGISTRAR'S SIGNATURE <u>Maluel Jackson</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman</u> | | ADDRESS <u>Richmond, Mo.</u> | |

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

Miss. 122

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, ~~1908~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. 4563....

P. O. Address...Richmond, Mo.

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.