

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24191**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>SAGEBION</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Leadwood</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>		c. CITY OR TOWN <b>Springfield</b>		d. In 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 <b>Leadwood, Mo.</b>				e. STREET ADDRESS (If rural, give location) <b>8120 8</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Virgil</b>			b. (Middle) <b>Earl</b>		c. (Last) <b>Pettus</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 19, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>June 20, 1907</b>		9. AGE (In years last birthday) Months Days <b>47 0 29</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beauty Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Beauty Parlor</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bonne Terre, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Oliver Pettus</b>			13b. MOTHER'S MAIDEN NAME <b>Lida Bears</b>			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) <b>No</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Julian Pratt Leadwood, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute alcoholism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO: (b) <b>other natural causes</b> DUE TO: (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3220</b>						INTERVAL BETWEEN ONSET AND 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 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.									
23a. SIGNATURE <b>Earl Miller</b>				(Degree or title) <b>carver</b>		23b. ADDRESS <b>Farmington, Mo</b>		23c. DATE SIGNED <b>7/20/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/21/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bonne Terre Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>July 20, 1954</b>		REGISTRAR'S SIGNATURE <b>Ethel Reddick</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>But L. Cooper</b>		ADDRESS <b>Leadwood, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
40

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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.....  
Signature of Student Embalmer

Signed *William E. Bayne*

Licensed Embalmer No. *473*

P. O. Address *Leadwood*

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.