

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27608

3579

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 67 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 HAZELWOOD NURSING HOME			e. STREET ADDRESS (If rural, give location) 501 EAST 60 th TERRACE		

3. NAME OF DECEASED (Type or Print) BRUCE			a. (First) b. (Middle) c. (Last) PETTIBONE		4. DATE OF DEATH July 21 1954 (Month) (Day) (Year)				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 14 1868		9. AGE (In years last birthday) 86	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SOAP BUYER & MANAGER			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) GERMANY			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME Elizabeth BRIDEGRAN		14. NAME OF HUSBAND OR WIFE MAMIE PIERCE PETTIBONE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 487-01-7506	17. INFORMANT'S SIGNATURE OR NAME MARY E. SCHROENEN				ADDRESS 7930 MADISON, K.C. Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis 4 days					INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis					6 wks.	
	DUE TO (c) Adenocarcinoma of Rectum					4-2014 6 wks.	
	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 Ad			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 July 19, 1954, to July 21, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE John K. Caldwell MD (Degree or title)		23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 7/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 23, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-22-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.W. NEWCOMER'S SON'S K.C. Mo.		

(Licensed Embalmer's Statement on Reverse Side)

1331 BRUSH CREEK

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 *James T. Dewar*.....

Licensed Embalmer No. *4457*.....

P. O. Address *Hannover*.....

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.