

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21097**

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4049** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Boone 0101		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN 0840	
b. CITY (If outside corporate limits, write RURAL and give township) CENTRALIA 4		c. LENGTH OF STAY (in this place) 6 YRS	
c. CITY OR TOWN RURAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HULEN NURSING HOME		STREET ADDRESS (If rural, give location) RFD Thompson	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EZRA c. (Last) PETTY	4. DATE OF DEATH (Month) (Day) (Year) JULY 28 - 55
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 9 - 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - RETIRED CROPS		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) AUDRAIN Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME James C. Perry - Thompson, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infermities of Old age		INTERVAL BETWEEN ONSET AND DEATH 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cadio Renal Syndrome		years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	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, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-23-55**, 19**55**, to **7-28-55**, 19**55**, that I last saw the deceased alive on **7-27-55**, 19**55**, and that death occurred at **5:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE P. J. Baker, D.O.	(Degree or title)	23b. ADDRESS Centralia, MO	23c. DATE SIGNED 7-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-30-55	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Audrain Co., Mo
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DATE REC'D BY LOCAL REG. July 30 - 1955	REGISTRAR'S SIGNATURE Maud M. McBride	25. FUNERAL DIRECTOR'S SIGNATURE ARNOLD FUNERAL HOME	ADDRESS Mexico, Mo
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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 *Ray Miller*.....

Licensed Embalmer No. *449*

P. O. Address *Mexico*

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.