

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26407

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3678

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY		
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (In this place) 30 DAYS	c. CITY OR TOWN NORTH 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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			STREET ADDRESS (If rural, give location) 1416 East 21st		
3. NAME OF DECEASED (Type or Print) a. (First) ORA		b. (Middle) DELBERT	c. (Last) PETTY	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 20, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBRUARY 26, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED - OPERATOR - ROO COMPANY		10b. KIND OF BUSINESS OR INDUSTRY MIDWEST LIGHTNING INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BARNARD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ORA A. PETTY		13b. MOTHER'S MAIDEN NAME Mary J. Zage	14. NAME OF HUSBAND OR WIFE DOROTHY PETTY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or date of service) WW II	16. SOCIAL SECURITY NO. 988-14-5151	17. INFORMANT'S SIGNATURE OR NAME Official Records VA Hospital, K.C., Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized abdominal carcinomatosis				INTERVAL BETWEEN ONSET AND DEATH 8 Mos
* This does not mean the mode of dying, such as heart failure, asthenia, 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) Carcinoma of stomach (Removed)				2 years
	DUE TO (c) Generalized purulent peritonitis				1 Mos
	II. OTHER SIGNIFICANT CONDITIONS Right diffuse bronchopneumonia				1 Week
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA	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 August 9, 1955, to August 20, 1955, and that death occurred at 4:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Guido Podrecca MD			23b. ADDRESS VA HOSPITAL, Kansas City, Mo.		23c. DATE SIGNED 8-20-55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE AUG-21-1955	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) MARYVILLE, MISSOURI		
DATE REC'D BY LOCAL REG. 8-20-55	REGISTRAR'S SIGNATURE Reva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS ADDRESS Brush Creek Blvd K.C. MO.		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Adrian Jay Stein*

Licensed Embalmer No. 49

P. O. Address *1111 1st St., N.W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.