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FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33711

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VanBuren Twp.
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): #50 Highway 2½ Mi. East of Cockrell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Mayfair Hotel

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3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Elmer
c. (Last): Petty

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 21, 1922
9. AGE (In years last birthday): 33 — 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): Service St. Att.
10b. KIND OF BUSINESS OR INDUSTRY: Gasoline
11. BIRTHPLACE (City and State or Foreign Country): Lineville, Iowa
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Howard Petty
13b. MOTHER'S MAIDEN NAME: Jesse A. Newlin
14. NAME OF HUSBAND OR WIFE: Norma R. Petty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 484-12-6900
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ivan Petty 1711 Concord Court Kansas City, Mo.

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.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage resulting

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) from crushing injuries of chest

DUE TO (c) Replaceration of neck & compound

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* fracture of left arm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [ ]

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21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-1-55 2 30 p m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Mud car collision

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 (Degree or title): Geo C Freall Jr Mo Deputy Coroner
23b. ADDRESS: 6627 Prospect Kans
23c. DATE SIGNED: 10-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 2, 1955
24c. NAME OF CEMETERY OR CREMATORY: ----------
24d. LOCATION (City, town, or county) (State): DesMoines, Iowa

DATE REC'D BY LOCAL REG.: 10-2-55
REGISTRAR'S SIGNATURE: N. B. Langsford
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Langsford Funeral Home Lee's Summit Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed N. B. Langford Jr.....

Licensed Embalmer No. 49...

P. O. Address Lee's Sum...

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