

FILED SEP 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25958**

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| BIRTH NO. _____ | | REG. DIST. NO. <u>27</u> | | PRIMARY REG. DIST. NO. <u>3005</u> | | Registrar's No. <u>117</u> | |
| 1. PLACE OF DEATH a. COUNTY BATES | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo- b. COUNTY BATES | | | |
| b. CITY OR TOWN BUTLER. | | c. LENGTH OF STAY (If in this place) 5 days | | c. CITY OR TOWN BUTLER R-00710 | | 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 BUTLER HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) RT 1 - SPRULE TWP. | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) JUNIUS VAL | | b. (Middle) PETTUS | | c. (Last) PETTUS | |
| 4. DATE OF DEATH | | (Month) 8- | | (Day) 28- | | (Year) 56 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH JUNE 1-1900 | |
| 9. AGE (In years last birthday) 56 | | if UNDER 1 YEAR Months | | if UNDER 1 YEAR Days | | if UNDER 1 HR. Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) BATES CO MO- | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME J.M. PETTUS | | 13b. MOTHER'S MAIDEN NAME HADIE WOOD | | 14. NAME OF HUSBAND OR WIFE VIOLA PETTUS | | | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME Viola Pettus R.F.D. Butler, Mo ADDRESS | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma | | | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs. | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis | | | | 10 days | |
| | | DUE TO (c) Loxoni Rt. leg. Pulmonary Infarct | | | | 4 days | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Embolus | | | | 4 hr. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 203x | | | | 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 Aug 27 56 to Aug 28 56 , that I last saw the deceased alive on Aug 28, 1956 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Carter W. Luter MD (Degree or title) | | | | 23b. ADDRESS Butler, Mo | | 23c. DATE SIGNED 8/28/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 8-31-56 | | 24c. NAME OF CEMETERY OR CREMATORY OAKHILL - | | 24d. LOCATION (City, town, or county) (State) BUTLER MO- | |
| DATE RECD BY LOCAL OFFICE Aug 28 1956 | | REGISTRAR'S SIGNATURE Rendell Koway | | 25. FUNERAL DIRECTOR'S SIGNATURE CULVER-UNDERWOOD-BUTLER MO ADDRESS | | | |

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Pa

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.