Dr. Cooper

FILED DEC 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40517
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Bates	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Twp. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Butler 0070 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pine Tree Rest Home Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Walter Middle Elmer Last Pettus

4. DATE OF DEATH Month Dec 9 Day Year 1956

5. SEX male

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Feb 16 1881

9. AGE (In years last birthday) 75 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

10b. KIND OF BUSINESS OR INDUSTRY retired farmer

11. BIRTHPLACE (City and state or country) Butler Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William E Pettus

14. MOTHER'S MAIDEN NAME Mattie Pettus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Walter Pierce-Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) SENILE DEMENTIA 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from SEPT 10, 1956 to ____ and last saw ~~her~~ him alive on SEPT 10, 1956

Death occurred at 7 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John M. Cooper M.D.

22b. ADDRESS Butler Missouri

22c. DATE SIGNED 12-11-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-14-1956

23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery

23d. LOCATION (City, town, or county) (State) Butler, Mo.

24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Missouri

25. DATE RECD. BY LOCAL REG. Dec. 13-56

26. REGISTRAR'S SIGNATURE Kendall Kersey

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. The symptoms [illegible] diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

17-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 35

P. O. Address Butle

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.