Health, Welfare Public Service

300
1-57

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2102

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Versailles — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 211 W. Green — Length of stay in 1b Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Versailles — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 211 W. Green — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Lucy Middle: May Last: Petty

4. DATE OF DEATH Month Day Year: Jan. 2, 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 17, 1878
9. AGE (In years on last birthday): 79 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Marietta, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: E. A. Crewson
13b. MOTHER'S MAIDEN NAME: Frances Daniels
14. NAME OF HUSBAND OR WIFE: Arthur Petty

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.: Unknown
17. INFORMANT: J. W. Petty Address: Versailles, Mo.

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 2 months
DUE TO (c) 332 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension

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 October 1957 to Jan 2 1958 and last saw her alive on Jan 2 1958
Death occurred at 2 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack G. [illegible] (Degree or title) MD
22b. ADDRESS Versailles, Mo.
22c. DATE SIGNED Jan 3, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4 Jan. 57
23c. NAME OF CEMETERY OR CREMATORY: Versailles Cemetery
23d. LOCATION (City, town, or county) (State): Versailles, Mo.

24. FUNERAL DIRECTOR: W. F. Kidwell ADDRESS: Versailles, Mo.
25. DATE RECD. BY LOCAL REG.: 1-4-58
26. REGISTRAR'S SIGNATURE: J. L. Wasson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms are to be given. All diseases in Part I must be causally related.

JAN 4 19[illegible]

NOV 7 196[illegible]

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 Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Versailles

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.