

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025128

STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 226

1-300
1-57

1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Albany 0390		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South part Albany			Length of stay in 1b lifetime		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Nellie Middle Pearl Last Petry				4. DATE OF DEATH Month July Day 9 Year 1958				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 3, 1882		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (City and state or country) Gentry Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Samuel Davis			13b. MOTHER'S MAIDEN NAME Annie Holly			14. NAME OF HUSBAND OR WIFE William R. Pettry		
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 William R. Pettry Albany, Mo.			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Third degree burns over entire body from gasoline ignited by self after pouring over clothing in small shed.							INTERVAL BETWEEN ONSET AND DEATH 3 minutes	
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) ill health & depressed							DUE TO (c) 979X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Saturated clothing with gasoline & set fire to them, plus explosion of jug of gasoline					
20c. TIME OF INJURY 1:30 p.m. 7-9-58			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) outhouse at her home			20f. CITY, TOWN, OR LOCATION ALBANY		COUNTY Gentry		STATE MO	
21. I attended the deceased from viewed body after death Death occurred at 12:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Dr. Jack Barnes				22b. ADDRESS Gentry Co. 3 Couriers King City MO		22c. DATE SIGNED 7-10-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE July 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Rouse			23d. LOCATION (City, town, or county) (State) Gentry Co., Missouri		
24. FUNERAL DIRECTOR Clifford Brooks, Albany, Mo.				25. DATE RECD. BY LOCAL REG. July 13-58		26. REGISTRAR'S SIGNATURE Mrs. L.W. Bare		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, covering, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 not embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Coohelf

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.