Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-047206
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Pemiscot b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville, Mo. — Inside Limits Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in Ib 40 yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot c. CITY OR TOWN Caruthersville — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 409 E. 4th. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Lucious Middle Weaver Last Pettie

4. DATE OF DEATH: Month Dec. Day 30 Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 14, 1902

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days 17 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Milling Co.

11. BIRTHPLACE (City and state or country): Obion Co. Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Wince Pettie

13b. MOTHER'S MAIDEN NAME: Anna Mason

14. NAME OF HUSBAND OR WIFE: Elma Pettie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII 1942-1943

16. SOCIAL SECURITY NO. 497 01 6537

17. INFORMANT: Elma Pettie Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PULMONARY EMBOLIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CHRONIC PULMONARY DISEASE

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5272

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 _____, to _____ and last saw her/him alive on Dec 30, 1958

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

22a. SIGNATURE Alan S. Rubin (Degree or title) MD

22b. ADDRESS Caruthersville, Mo

22c. DATE SIGNED Jan 3, 1959

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

23b. DATE Dec. 31, 1958

23c. NAME OF CEMETERY OR CREMATORY Little Prairie

23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri

24. FUNERAL DIRECTOR LaForge Und. Co. ADDRESS Caruthersville, Mo.

25. DATE RECD. BY LOCAL REG. 1-9-59

26. REGISTRAR'S SIGNATURE Frances B. Welker

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 18 1959

JAN 22 1959

JAN 22 1959

CARUTHERSVILLE, MO.

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 Neil C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.