

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021634

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2572

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY MIAMI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN PAOLA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		Length of stay in 1b 3 WEEKS	
3. NAME OF DECEASED (Type or print) First PERCY Middle ALBERT Last Pettit		4. DATE OF DEATH Month MAY Day 22 Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 7, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN		10b. KIND OF BUSINESS OR INDUSTRY M. D.	11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ALICE M. PETITT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Address K.C., MO. TRINITY LUTHERAN HOSP. RECORDS.
18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastroenteritis - Cerebral Sclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 5810			INTERVAL BETWEEN ONSET AND DEATH 5 days 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Empyema			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1 month	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Death occurred at 12:20 pm 1959 on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE James B. Baetzmaier M.D.		22b. ADDRESS 4000 Baetzmaier	
22c. DATE SIGNED 23 May 59			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL		23b. DATE MAY 23, 1959	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) PAOLA, KANSAS	
24. FUNERAL DIRECTOR FREEMAN MORTUARY,		ADDRESS KANSAS CITY, MO.	
25. DATE RECD. BY LOCAL REG. 5-23-59		26. REGISTRAR'S SIGNATURE Neva Minshall	

MEDICAL CERTIFICATION

Buiford Casebolt

All diseases in Part I must be causally related.

JUN 23 1959

OCT 14 1959

DEC 8 1959

SEP 29 1959

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 *Clayton K Barnes*

Licensed Embalmer No. 4793

P. O. Address K. C. 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.