

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045582  
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 267

**FILED DEC 10 1962**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1007  
20670

3  
4 3  
5 1  
6  
7 1  
8 0  
9 330X  
10  
11  
12 1-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Scott</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Sikeston</u>  |   | Length of stay in lb <u>17 hrs.</u>  | c. CITY OR TOWN <u>East Prairie</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Mo. Delta Community</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Rt. #1</u><br>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>SUE</u> Middle <u>Enis</u> Last <u>Petty</u>  |   | 4. DATE OF DEATH<br>Month <u>12</u> Day <u>3</u> Year <u>62</u>  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>Col.</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>12/31/1924</u>  |
| 9. AGE (last birthday)<br><u>37</u>   |   | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u>   | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>  </u>   | 11. BIRTHPLACE (City and state or country)<br><u>Utah, Alabama</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13a. FATHER'S NAME<br><u>Unknown</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Joe Petty</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |   | 16. SOCIAL SECURITY NO.<br><u>  </u>   |  |
| 17. INFORMANT<br><u>Joe Petty, Route 1, East Prairie, Mo.</u>   |   | Address<br><u>  </u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>SUBARACHNOID HEMORRHAGE 16 hrs</u><br>DUE TO (b) <u>ESS. HYPERTENSION</u><br>DUE TO (c) <u>  </u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>  </u>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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.)   |  |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>   | 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.)<br><u>  </u>   | 20f. CITY, TOWN, OR LOCATION<br><u>12-3-62</u>  | COUNTY<br><u>  </u>  | STATE<br><u>  </u>   |
| 21. I attended the deceased from <u>12-3-62</u> and last saw her/him alive on <u>12-3-62</u><br>Death occurred at <u>7:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Deponent title)<br><u>Carl G. Papp, M.D.</u>   |  |
| 22b. ADDRESS<br><u>Sikeston, Mo.</u>  |   | 22c. DATE SIGNED<br><u>12-4-62</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>12/8/62</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Charleston, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>L. R. Sparks</u>   | ADDRESS<br><u>Charleston, Mo.</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>Dec 7-1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Jeanette Waldman</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

no permit issued

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 James A Carter

Licensed Embalmer No. 4671

P. O. Address C. Velle, 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.