

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016477

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 221

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 29 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jasper</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> Length of stay in 1b <u>50 yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u></p> <p>c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>2432 Connor Avenue</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED First Middle Last <u>MYRTLE L. PETTUS</u></p>			
<p>4. DATE OF DEATH Month Day Year <u>April 20, 1963</u></p>			
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>11-16-1900</u></p>
<p>9. AGE (last birthday) <u>62</u> IF UNDER 1 YEAR IF UNDER 24 HR</p>		<p>Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u></p>	
<p>11. BIRTHPLACE (City and state or country) <u>Webb City, Missouri</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>William L. Lewis</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Mary Jane Davis</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Roy Pettus</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u></p>	
<p>16. SOCIAL SECURITY NO. <u>None</u></p>		<p>17. INFORMANT Address <u>Joplin, Mo. Mrs. R. B. Chrisman, 2501 Connor</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>IMMEDIATE CAUSE (a) <u>Cardiovascular Circulation</u></p>			
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Rheumatic Fever</u></p>			
<p>DUE TO (c) <u>Grm endocardial enlargement</u></p>			<p><u>47 years</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p><u>40 years</u></p>
<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p>			<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY</p>
<p>20f. STATE</p>			
<p>21. I attended the deceased from <u>June 1948</u> to <u>4-20-1963</u> and last saw her/him alive on <u>4-20-1963</u></p>			
<p>Death occurred at: <u>1:30 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p>		<p>22b. ADDRESS <u>2121 Joplin Ave Joplin Mo</u></p>	
<p>22c. DATE SIGNED <u>4-22-63</u></p>		<p>23a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>4-23-1963</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u></p>	
<p>23d. LOCATION (City, town or county) <u>Joplin, Missouri</u></p>		<p>(State)</p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>4-23-1963</u></p>	
<p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>			

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 30 1963

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 DAVID DILLON, JR Student Embalmer No. 679
working under my personal supervision.

Student Clarence Hillon, Jr. Signed David Hillon
Signature of Student Embalmer

Licensed Embalmer No. 13898

P. O. Address Joplin, 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.