

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

304

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (At this place) <u>20 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6422 Carnegie St.</u>		d. STREET ADDRESS (If rural, give location) <u>6422 Carnegie St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Pettet</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 8 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15, 1878</u>	9. AGE (In years less birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cabinet Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Parnell, Kansas /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nicholas Pettet</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Downey</u>	14. NAME OF HUSBAND OR WIFE <u>Lottie Pettet</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lottie Pettet, 6422 Carnegie St.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>2 yr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr Hypertension</u> <u>2 yr</u> DUE TO (c) <u>Hemiplegia</u> <u>23 1/2 yr</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>2 yr</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
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22. I hereby certify that I attended the deceased from Wed. 10/17/49 to Sat. 8/19/49, that I last saw the deceased alive on Wed. 6/19/49, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. J. ... MD</u>	23b. ADDRESS <u>737 Dec Ave</u>	23c. DATE SIGNED <u>2/9/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/10/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Feb. 11, 1949</u>	REGISTRAR'S SIGNATURE <u>L. C. Jenkins</u>	382	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John C. Kupp, 605 1/2 Poplar.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, and

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John E. Rupp

Signed _____
Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.