

FILED SEP 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29768

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 3379 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star-Rural-Sherman</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star Mo-Rural-Sherman</u>		
c. LENGTH OF STAY (in this place) <u>2 yrs</u>			d. STREET ADDRESS (If rural, give location) <u>4 miles South Union Star Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>John</u> c. (Last) <u>Petty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11, 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 19, 1866</u>	9. AGE (In years) (of UNDER 1 YEAR last birthday) Months Days Hours Min. <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas Petty</u>		13b. MOTHER'S MAIDEN NAME <u>Susan House</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jed Petty, Unity, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	

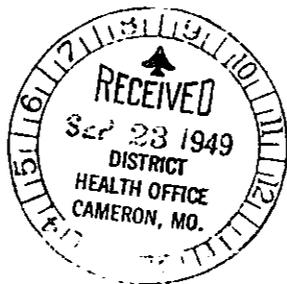
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from Sept 11, 1949 to Sept 11, 1949, that I last saw the deceased alive on Sept 11, 1949, and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E M Reynolds M.D.</u>		23b. ADDRESS <u>Union Star Mo.</u>		23c. DATE SIGNED <u>9-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>1/2 mi north + 3 mi East Clark Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucile M. Wilson</u>		ADDRESS <u>King City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 13, 1949</u>		REGISTRAR'S SIGNATURE <u>Ronald Davidson</u>		82	

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Lucile M. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 2830

P. O. Address King City, 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.