

FILED NOV 14 1949 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>141</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>113 Thompson St.,</u>				d. STREET ADDRESS (If rural, give location) <u>113 Thompson St, Sikeston,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jim</u>		b. (Middle) _____		c. (Last) <u>Petty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 25 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept, 4 1878</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR (Months) (Days) <u>1 20</u>		IF UNDER 2 HRS. (Hours) (Min.) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		11. BIRTHPLACE (State or foreign country) <u>New Madrid, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Alfred Petty</u>			13b. MOTHER'S MAIDEN NAME <u>Mrs. Hunter</u>			14. NAME OF HUSBAND OR WIFE <u>Gladye Petty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No. Guard</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladye Petty 113 Thompson St.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema,</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u>					
		DUE TO (c) <u>Arteriosclerotic heart disease</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>Oct 2</u> , 19 <u>48</u> to <u>Oct 22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 22</u> , 19 <u>49</u> , and that death occurred at <u>about 8 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. D. Urban M.D.</u> (Degree or title)				23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>10/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 30 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West Edge of Sikeston</u>	
DATE REC'D BY LOCAL REG. <u>Oct 31 - 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred J. Smith 1212 Mand St.</u>			

RECEIVED NOV 7 1949

District Health Office No. 2

District File Number 1149-11

Date Filed _____

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
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.