

FILED NOV 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 36464

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5130		Registrar's No. 1244	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) Rush Township		c. LENGTH OF STAY (In this place) 1 hr.		c. CITY (If outside corporate limits, write RURAL and give township) Rushville (Rush Twsp.)		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Rushville, Mo.				d. STREET ADDRESS (If rural, give location) R.F.D. # 2			
3. NAME OF DECEASED (Type or Print) LESTER		a. (First)		b. (Middle) L.		c. (Last) PETTIJOHN	
4. DATE OF DEATH (Month) (Day) (Year) 11 14 1949		5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 5-15-1933		9. AGE (In years last birthday) 16		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Rushville H.S.		11. BIRTHPLACE (State or foreign country) Andrew Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John W. Pettijohn		13b. MOTHER'S MAIDEN NAME Leona Rauch		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Pettijohn, Rushville, Mo. RR #2			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shotgun wound in face</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <i>man accidentally shot himself, while removing his shotgun from a boat while preparing to hunt ducks.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>8 1/2</i> <i>19</i>	
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) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>farm</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Rushville Buchanan, Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Nov 14 1949 4:40 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>accidentally shot himself</i>			
22. I hereby certify that I pronounced the deceased from on <i>11/14, 1949</i> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:35 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H. F. Mundy, M.D., Corvair, Mo.</i>				23b. ADDRESS <i>St. Joseph, Mo.</i>		23c. DATE SIGNED <i>11/14/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-17-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Fillmore Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Fillmore, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>Nov 17, 1949</i>		REGISTRAR'S SIGNATURE <i>E. G. Jenkins</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John E. Rupp</i>		ADDRESS <i>St. Joseph, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 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.