

FILED APR 8 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8202

State File No. _____

350

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 10

| | | | | | | | | |
|--|--|--|--|--|--|---|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | | |
| a. COUNTY <u>Dunklin</u> | | b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp.</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Dunklin</u> | | |
| c. LENGTH OF STAY (In this place) <u>1 yr.</u> | | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Union Township</u> | | d. STREET ADDRESS (If rural, give location) <u>Rte. 3</u> | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | | |
| a. (First) <u>IDELLA</u> | | | b. (Middle) <u>Pettigrew</u> | | | c. (Last) <u>Pettigrew</u> | | |
| 6. COLOR OR RACE <u>White</u> | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | | 8. DATE OF BIRTH <u>Aug. 17, 1888</u> | | |
| 9. AGE (In years last birthday) <u>61</u> | | | 10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13. NAME OF HUSBAND OR WIFE <u>Francis Wm. Pettigrew</u> | | |
| 13a. FATHER'S NAME <u>W. D. Newton</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Betty Fisher</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Francis Wm. Pettigrew</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | | 16. SOCIAL SECURITY NO. _____ | | | 17. INFORMANT'S SIGNATURE OR NAME <u>Francis Pettigrew Campbell</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years.</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> | | | ANTecedent CAUSES | | | | DUE TO (b) _____ | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | DUE TO (c) _____ | | | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | | <u>002X</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) m. | | | 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>Feb 15</u> , 19 <u>50</u> , to <u>Mar 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 14</u> , 19 <u>50</u> , and that death occurred at <u>3:30 P.</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Chester R. Teck</u> | | | 23b. ADDRESS <u>Kennett, Mo.</u> | | | 23c. DATE SIGNED <u>Mar 24</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | 24b. DATE <u>Mar 23, 1950</u> | | | 24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u> | | |
| 24d. LOCATION (City, town, or county) <u>Clarkton Mo.</u> | | | 24e. FUNERAL DIRECTOR'S SIGNATURE <u>Landes Funeral Home</u> | | | 24f. ADDRESS <u>Clarkton Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-27-1950</u> | | | REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u> | | | 5. FUNERAL DIRECTOR'S SIGNATURE <u>Landes Funeral Home</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1957
JUL 16 1957

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-3-50
COUNTY FILE NUMBER 450-115

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 *Christina M. Linder*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.