

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hampton
State File No. 25785
Registrar's No. 75

FILED AUG 8 1950

6136
6135

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. _____

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY T Shannon | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE MO b. COUNTY Shannon | |
| b. CITY OR TOWN RURAL - Summersville SE VALLEY | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summersville 1010 | |
| c. LENGTH OF STAY (in this place) 5 years | | d. STREET ADDRESS (If rural, give location) Star route | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|---------------------------|---|---|-------------------------------------|-------------------------|--|------------------------------------|---|-----------------------------------|----------------------------------|
| 3. NAME OF DECEASED (Type or Print) Frank | | | a. (First) | b. (Middle) | c. (Last) retrie | 4. DATE OF DEATH (Month) (Day) (Year) June 24-50 | | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Jan 16-1875 | | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 6 | IF UNDER 1 YEAR Days 8 | IF UNDER 12 HRS. Hours | IF UNDER 12 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator | | | 10b. KIND OF BUSINESS OR INDUSTRY interior house | | | 11. BIRTHPLACE (State or foreign country) Miss Co. Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME John Petrie | | 13b. MOTHER'S MAIDEN NAME Elizabeth Horn | | 14. NAME OF HUSBAND OR WIFE Vida M Petrie | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS mrs F Petrie Star Rt Summersville. | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | | INTERVAL BETWEEN ONSET AND DEATH 4201 |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial Hypertension | | | |
| | | DUE TO (c) Coronary Disease | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|--|--|
| 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) (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 June 19 48, to June 24, 1950, that I last saw the deceased alive on June 22, 1950, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

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|---|--|-------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) D. L. Baker Hampton | | 23b. ADDRESS 20 Summersville | | 23c. DATE SIGNED July 29 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE June 25-50 | | 24c. NAME OF CEMETERY OR CREMATORY Valahala Crematory | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | |

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|-------------------------------------|--|---|--|--|--|
| DATE FILED BY LOCAL REG. 306 | | REGISTRAR'S SIGNATURE H. H. Hall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Juncken Funeral Home Mtn View, MO. | |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10-48

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 _____

Licensed Embalmer No. 43257

P. O. Address St. Louis, Mo.

Not Embalmed
Joe R. Duncan

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.