

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31496

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 312

0940
2

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard 1070	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley 1	
c. LENGTH OF STAY (In this place) 3Yr 26Das		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) JOHN WESLEY PETTIT			4. DATE OF DEATH September 12, 1950		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH September 4, 1869		9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Days 0	
11. BIRTHPLACE (State or foreign country) Indiana 1		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Stella Vaught	
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 Records, State Hospital No. 4, Farmington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 das.	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis - - - - -				Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis - - - - - DUE TO (c)				Unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis				4201	
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 Nov. 1, 1949, to Sept. 12, 1950, that I last saw the deceased alive on Sept. 12, 1950, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE John C. Berman (Degree or title)		23b. ADDRESS State Hospt. No. 4, Farmington, Mo.		23c. DATE SIGNED 9-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 9-14-50		24c. NAME OF CEMETERY OR CREMATORY Dudley Cemetery	
				24d. LOCATION (City, town, or county) (State) Dudley, Missouri	

DATE REC'D BY LOCAL REG. Sept. 21, 1950		REGISTRAR'S SIGNATURE Eather, Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Home, Dexter, Mo.	
---	--	---------------------------------------	--	--	--

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 23 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *V. A. Cozen*

Licensed Embalmer No. *4084*

P. O. Address. *Farmington, N.H.*

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.