

No. 300
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FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38042

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5976 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp</u>	
c. LENGTH OF STAY at this place <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Walnut Grove R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>Susan</u>	c. (Last) <u>PETIFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 24, 1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Month Day Hours Min.	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life; if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Alfred Grant</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Beck</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Petiford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Hannan Walnut Grove Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility - acute Bronch</u> DUE TO (c) <u>Influenza</u>		<u>5 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5705</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 16, 1950, to Nov 20, 1950, that I last saw the deceased alive on Nov. 20, 1950, and that death occurred at 9:20 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rubens H. Orr M.D.</u>	23b. ADDRESS <u>Box Grove Mo</u>	23c. DATE SIGNED <u>11-21-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial City</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 22, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gardner</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edna Hannan Walnut Grove Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 29 1950

D.L.L. File 1250-2392

Date Filed 12-5-50

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. 4005

P. O. Address 124 Grove St

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.