

FILED JAN 29 1951

## STANDARD CERTIFICATE OF DEATH

Dr. R. H. Silsby

State File No. 842

0396

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 39

|   |                        |  |  |
|---|------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Greene   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE Missouri b. COUNTY Greene   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield  |                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396  |  |
| c. LENGTH OF STAY (in this place) 3 yrs.  |                        | d. STREET ADDRESS (If rural, give location) 622 N. Park  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John Hosp.  |                        |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Ben   |                        | b. (Middle) Pettit   |  |
| c. (Last) Pettit  |                        | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1951  |  |
| 5. SEX Male 0   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2   | 8. DATE OF BIRTH (about) 1863 (about) 87 |
| 9. AGE (In years last birthday) Months Days   |                        | 10. IF UNDER 1 YEAR Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer   |                        | 10b. KIND OF BUSINESS OR INDUSTRY Laborer  |  |
| 11. BIRTHPLACE (State or foreign country) Unknown 7   |                        | 12. CITIZEN OF WHAT COUNTRY? USA   |  |
| 13a. FATHER'S NAME Austin Pettit  |                        | 13b. MOTHER'S MAIDEN NAME Molly Clem   |  |
| 14. NAME OF HUSBAND OR WIFE X   |                        |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No No  |                        | 16. SOCIAL SECURITY NO. Unknown  |  |
| 17. INFORMANT'S SIGNATURE OR NAME Pearl Pettit  |                        | ADDRESS Hannibal, Mo.  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis & uremia 1 wk<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) nephritis, chronic unknown<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. 592X |  |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>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) Springfield, Greene, Mo.  |                        |  |  |
| 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 Jan 19, 1951, to Jan 24, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 8 Pm., from the causes and on the date stated above.     |                        |  |  |
| 23a. SIGNATURE (Degree or title)  |                        | 23b. ADDRESS   |  |
| 23c. DATE SIGNED/ Jan 25 1951   |                        |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |                        | 24b. DATE 1/24/51  |  |
| 24c. NAME OF CEMETERY OR CREMATORY Unknown  |                        | 24d. LOCATION (City, town, or county) (State) Muscatine, Iowa  |  |
| DATE REC'D BY LOCAL REG. 1-26-51  |                        | REGISTRAR'S SIGNATURE M.E. Handley M.D.  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer  |                        | ADDRESS Springfield, Mo.   |  |

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Gene Schmyer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4134*

P. O. Address *Springfield, Ill.*

**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.