

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29755

FILED OCT 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5249 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Chariton Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Dalton) RURAL Bowling Green</u>		c. LENGTH OF STAY (in this place) <u>6.21</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bowling Green</u>		d. STREET ADDRESS (If rural, give location) <u>East Dalton - 1 mi</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>	b. (Middle)	c. (Last) <u>Pettigrew</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 25, 1894</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Chariton Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>Chariton</u>			

13a. FATHER'S NAME <u>George Barton</u>	13b. MOTHER'S MAIDEN NAME <u>Lettie Ann Pettigrew</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Brown</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. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Helen Thornton</u>	ADDRESS <u>Dalton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. endocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Nov 1949 to Sept 28, 1951, that I last saw the deceased alive on Sept 28, 1951, and that death occurred at 4:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl C. Negeen</u>	23b. ADDRESS <u>M. S. Keysterville, Mo</u>	23c. DATE SIGNED <u>9/30/51</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)	24b. DATE <u>10-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dalton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dalton Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-1-51</u>	REGISTRAR'S SIGNATURE <u>Mildred Bantz</u>	55	25. FUNERAL DIRECTOR'S SIGNATURE <u>Green Sons</u>	ADDRESS <u>Marshall Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 6 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-1767  
Date Filed: OCT 6 1951

**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 George H. Green

Licensed Embalmer No. 4230

P. O. Address Marshall, 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.