P.S. No. 300
Rev. 10.48

FILED DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43849

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6221 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Montevallo
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Montevallo 1082
d. STREET ADDRESS (If rural, give location):)

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): IRVE
c. (Last): PETTIT

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28 51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 12, 1882
9. AGE (In years last birthday): 69 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Josephine Merhwan Peti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Josephine Pettit Sheldon M

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Nov 28/51

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): None

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Vernon Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Nov 28, 1951, *to* Nov 28, 1951, *that I last saw the deceased alive on* Nov 28, 1951, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W S Love MD
23b. ADDRESS: Nevada, Mo
23c. DATE SIGNED: Dec 3/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1-51
24c. NAME OF CEMETERY OR CREMATORY: Milo
24d. LOCATION (City, town, or county) (State): Milo Mo.

DATE REC'D BY LOCAL REG.: Dec 10 1951
REGISTRAR'S SIGNATURE: Mrs Ruth Faith
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: L. Gerald Berry Sheldon

(Licensed Embalmer's Statement on Reverse Side)

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

DEPARTMENT HEALTH OF MO.
Jefferson - Springfield
RECEIVED DEC 17 1951
Date Filed 12-31-40
Date Filed 12-28-51

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.

Signed L. Gerald Beery

Signed .....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address Sheldon 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.