

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6179

FILED MAR 10. 1952

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Francois Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) RILEY	c. (Last) PETTY	4. DATE OF DEATH (Month) (Day) (Year) Feb-27-1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May-20-1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 9 Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired railroad Wk.	10b. KIND OF BUSINESS OR INDUSTRY laborer DUSTRY	11. BIRTHPLACE (State or foreign country) Dent County, Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jess Petty	13b. MOTHER'S MAIDEN NAME Mary Boyd	14. NAME OF HUSBAND OR WIFE Ann Pierce Petty
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Dan Petty ADDRESS St. James, Mo
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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, asthma, 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) Senility; myocarditis; arteriosclerosis		
	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"/> 4221
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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 **2/23**, 1952 to **2/27**, 1952, that I last saw the deceased alive on **2/26**, 1952, and that death occurred at **7:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. Blauer	23b. ADDRESS Flat River, Mo	23c. DATE SIGNED 2/29/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb-29-1952	24c. NAME OF CEMETERY OR CREMATORY Herod Cemetary	24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo
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DATE REC'D BY LOCAL REG. Feb. 29, 1952	REGISTRAR'S SIGNATURE 289-0 Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Sparks F. Home ADDRESS Flat River, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 10 1944

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 *Murphy & Parks*
Licensed Embalmer No. *4236*
P. O. Address *Hat River, W.*

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.