

FILED MAR 25 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8814  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gasmon 06000</u> d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Avery</u> c. (Last) <u>Petty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 - 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 6 - 1897</u>
9. AGE (In years last birthday) <u>54</u> Months <u>7</u> Days <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
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>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>McDonald Co Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Joe Petty</u>	
13a. FATHER'S NAME <u>Joe Petty</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Labaree</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Petty</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-09-3937</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Paul Petty, Gasmon Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Pulmonary Tuberculosis</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 <u>002X</u>	
20. AUTOPSY? 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1/8</u> , 19 <u>52</u> , to <u>3/14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/14</u> , 19 <u>52</u> , and that death occurred at <u>5:45</u> p. m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Gene E. Douglass MD</u> (Degree or title)		23b. ADDRESS <u>Jeff City Mo</u>	
23c. DATE SIGNED <u>3/14/52</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24a. DATE <u>Mar. 16, 1952</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Crescent Cemetery</u>	
24c. LOCATION (City, town, or county) (State) <u>McDonald Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John D. Papineau Gasmon Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-17-52</u>		REGISTRAR'S SIGNATURE <u>John Lewis</u> 1370	

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

RECEIVED 3-24-52  
Jasper County Health Office

County File Number 5213/246

Date Filed 3-24-52

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 John B. Papinian  
Licensed Embalmer No. 4446

P. O. Address Goodman, 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.