

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17383

State File No.

FILED MAY 26 1952

BIRTH NO. ... REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4371 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Elmo		c. CITY (If outside corporate limits, write RURAL and give township) Elmo	
c. LENGTH OF STAY (In this place) 3 wks.		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ford Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) LENNA	b. (Middle) M.	c. (Last) PETTIGREW	4. DATE OF DEATH (Month) (Day) (Year) 5 8 52
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/5/80	9. AGE (In years last birthday) Months Days 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Guilford, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob E. Breit	13b. MOTHER'S MAIDEN NAME Sarah Jane Naleigh	14. NAME OF HUSBAND OR WIFE Oliver P. Pettigrew
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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 ADDRESS Mrs. Ellsworth Horn, Elmo, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic valvular heart disease DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

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) Elmo, Missouri
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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 **Dec 27, 1946**, to **May 8, 1952**, that I last saw the deceased alive on **May 8, 1952**, and that death occurred at **4:50A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel Ford D. O.	23b. ADDRESS Elmo, Missouri	23c. DATE SIGNED 5/7/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/10/52	24c. NAME OF CEMETERY OR CREMATORY Bolckow	24d. LOCATION (City, town, or county) (State) Bolckow, Missouri
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DATE REC'D BY LOCAL REG. 5-24-52	REGISTRAR'S SIGNATURE Deas Bolt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0746

Case No. 1953

JUN 17 1953

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. 461

working under my personal supervision.

Student Curtis C. Kenilby
Student Embalmer

Signed John W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville 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.