

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30470

SEP 2- 1952

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6084		Registrar's No. 174			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY OR TOWN <u>Rural (Blackwater Jwp)</u>		c. LENGTH OF STAY (in this place) <u>3 months</u>		c. CITY OR TOWN <u>Blackwater Jwp - Rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles South of Nelson Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>8 mi South of Nelson Mo 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>- POPE</u> c. (Last) <u>- PETITT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22, 1952</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Feb 27, 1871</u>			
9. AGE (In years last birthday) <u>81</u>		10. 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>same</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Adolph Petitt</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Browning</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza Petitt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Clyde Petitt, Blackwater 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage - Instans.</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Sclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>					
22. I hereby certify that I attended the deceased from <u>made an investigation Aug. 22, 1952</u> , that I last saw the deceased alive on <u>—</u> , 19 <u>52</u> , and that death occurred at <u>1:20</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. Lawrence M. Proctor, School</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>8-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Millers Chapel Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Postal, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Aug 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Bridney F Gray</u> <u>385</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Hays Painter, Pilot Grove, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 1952

STATEMENT BY LICENSED EMBALMER

Myself

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Peyton E. Harro*

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, Wis.*

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.