

THE CITY OF ST. LOUIS, MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

DECEASED OCT 17 1952

REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 5549 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) R.R.2 Richmond Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 2 Fayette, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Sallie		b. (Middle) Petty		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1952	
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8/15/1870	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 1 Days 12		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) Howard County Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work				10b. KIND OF BUSINESS OR INDUSTRY -----		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Steve Powell		13b. MOTHER'S MAIDEN NAME Arnilda Ferguson		14. NAME OF HUSBAND OR WIFE Frank Petty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No. (If yes, give war or dates of service)		16. ARMIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arnilda Bentley ADDRESS Fayette, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 wks.	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia					
		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 493x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Sept 2, 1952** to **Sept 27, 1952**, that I last saw the deceased alive on **Sept 27, 1952** and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. Bentley (Degree or title)		23b. ADDRESS M. D. Fayette, Mo.		23c. DATE SIGNED 10/4/52	
---	--	--	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/30/1952		24c. NAME OF CEMETERY OR CREMATORY Nebo Cemetery		24d. LOCATION (City, town, or county) (State) Bonne Femme Twp. Howard Co	
---	--	----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 10-1-52		REGISTRAR'S SIGNATURE Mary R. Shelli		FUNERAL DIRECTOR'S SIGNATURE James A. Carr ADDRESS Fayette, Mo.	
---	--	---	--	---	--

OCT 22 1952

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 *Ralph A Carr*-----

Licensed Embalmer No. *3340*-----

P. O. Address *Jayette 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.