

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2805

State File No. _____

BIRTH NO. 12423463 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 17

940
1

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BIG RIVER TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BIG RIVER TWP</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.I. BONNE TERRE 0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.I. BONNE TERRE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLEN</u> b. (Middle) <u>KENNETH</u> c. (Last) <u>PETTUS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14. 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>MAY 1. 1952</u>		9. AGE (In years last birthday) <u>0</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>R.I. BONNE TERRE Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WALTER PETTUS</u>		13b. MOTHER'S MAIDEN NAME <u>NAOMI EGGERS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WALTER PETTUS</u>	
				ADDRESS <u>R.I. BONNE TERRE 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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>493x</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy</u> <u>Empysemia of left lung & pneumonia ascribed.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., lot of about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed L. Langlois M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2256 Columbia Farmington Mo</u>		23c. DATE SIGNED <u>1-14-53</u>	
--	--	-------------------------------	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN. 16. 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PRIMROSE</u>		24d. LOCATION (City, town, or county) (State) <u>R.I. BONNE TERRE Mo</u>	
---	--	-----------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>Jan. 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bertram Hall</u>		ADDRESS <u>Bonne Terre Mo</u>	
--	--	---	--	---	--	----------------------------------	--

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

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 Charles J. Raywell

Licensed Embalmer No. 5706

P. O. Address Bonne Terre 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.