

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10028

State File No. 1640

FILED APR 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1640</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (if in place) <u>1926</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3d. 58	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1609 EUCLID AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>1609 EUCLID AVE.</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>			b. (Middle) <u>PETTUS</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 19, 1953</u>		5. SEX <u>2</u> MALE		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 8, 1894</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAILOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LITTLE ROCK, ARK U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAILOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WORKED IN TAILOR SHOP</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LITTLE ROCK, ARK U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DENNIS PETTUS</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY WEBB</u>		14. NAME OF HUSBAND OR WIFE <u>HANNAH FRANCES PETTUS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>492-18-9198</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hannah Pettus</u>		17. ADDRESS <u>1609 Euclid K.C., 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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Printrae Regurgitation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs 30 Mts.</u>			
ANTECEDENT CAUSES Morbidity 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 _____		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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____		22. I hereby certify that I attended the deceased from <u>March 18, 1953</u> , to <u>March 19, 1953</u> , that I last saw the deceased alive on <u>March 19, 1953</u> , and that death occurred at <u>10A</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>M. C. Lewis</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>210 Lincoln Blvd</u>	
23c. DATE SIGNED <u>3/21/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN CEMETERY KANSAS CITY, MO.</u>	
24d. LOCATION (City, town, or county) (State) _____		DATE REC'D BY LOCAL REG. <u>3-23-53</u>		REGISTRAR'S SIGNATURE <u>Thereldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fannie L. Meek</u> ADDRESS <u>Kansas City, 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

Fannie T. Meek

Licensed Embalmer No. 3818

P. O. Address: Kansas City, 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.