

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13517

State File No.

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 107

5164

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Perryville</u>	
c. LENGTH OF STAY (in this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>425 Edgemont Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Charles</u>			4. DATE OF DEATH <u>April 4, 1953</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>Charles</u>		<u>Petts</u>	<u>April</u>	<u>4</u>	<u>1953</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>December 8, 1869</u>	9. AGE (In years last birthday) <u>83</u>	10 UNDER 1 YEAR Months <u></u> Days <u></u>	11 UNDER 1 MIN. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Abstract and Real Estate</u>	11. BIRTHPLACE (State or foreign country) <u>Wateeka, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Nathaniel Petts</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Vail</u>	14. NAME OF HUSBAND OR WIFE <u>Corrine Colgan Petts</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Corrine Petts, Perryville, Mo.</u>	ADDRESS
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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) <u>Congestive Circulatory Failure</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastric Ulcer - Cholecystitis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	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)
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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 April 1, 1953, to April 4, 1953, that I last saw the deceased alive on April 4, 1953 and that death occurred at 10:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Newell</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>28 S. Spanish Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>April 14, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-14-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44-1	5. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u>	ADDRESS <u>Perryville, Mo.</u>
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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, _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Albert H. Bey

Signed.....

Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Ferrysville, 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.