

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17717**
464

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **464**

1. PLACE OF DEATH a. COUNTY Burge Hospital GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Warsaw	
c. LENGTH OF STAY (in this place) 8 Days		d. STREET ADDRESS (If rural, give location) 0080 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Bontelle c. (Last) Pett's			4. DATE OF DEATH (Month) (Day) (Year) May 12, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 5, 1876	9. AGE (In years last birthday) 76	10. MONTHS 6	11. DAYS 7	12. CITIZEN OF WHAT COUNTRY? U.S.A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) abstractor		10b. KIND OF BUSINESS OR INDUSTRY abstractor		11. BIRTHPLACE (City and State or Foreign Country) Benton Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Nathaniel B. Pett's	13b. MOTHER'S MAIDEN NAME Jennie Vail	14. NAME OF HUSBAND OR WIFE Nannie Pett's
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nannie Hunt Pett's Warsaw

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		INTERVAL BETWEEN ONSET AND DEATH months years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis 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) Warsaw Benton Mo
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 **May 4, 1953** to **May 12, 1953**, that I last saw the deceased alive on **May 12, 1953**, and that death occurred at **7:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edw. Williams	(Degree or title) M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 5-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE May 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Reverend Cemetery	24d. LOCATION (City, town, or county) (State) Warsaw Benton Mo
DATE REC'D BY LOCAL REG. 5-14-53	REGISTRAR'S SIGNATURE Edw. Williams	25. FORENSIC DIRECTOR'S SIGNATURE John P. Reser	ADDRESS Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

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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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John F Reese

Licensed Embalmer No. 4092

P. O. Address Warsaw

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.