

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25286

State File No. ....

FILED AUG 6 - 1953

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3606</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission: a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>21 days</u> <u>70973</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blue Springs, Mo</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cataplectic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>city</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>J</u> c. (Last) <u>Petty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-19-1953</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar-17-1871</u>		9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S E</u>	
13a. FATHER'S NAME <u>Silas Petty</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Leap</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Petty</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Petty-Blue Springs Mo</u>			ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Generalized arteriosclerosis</u>			<u>20 years</u>	
				DUE TO (c) <u>Arteriosclerotic heart disease</u>			"	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Auricular Fibrillation</u>			<u>4200</u>	
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>June 28, 1952</u> , to <u>July 19, 1953</u> , that I last saw the deceased alive on <u>July 19, 1953</u> , and that death occurred at <u>4:05 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Joe E. Avery</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Blue Springs, Mo.</u>		23c. DATE SIGNED <u>7-19-53</u>		
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>July-22-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-21-53</u>		REGISTRAR'S SIGNATURE <u>Sereldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home Blue Springs Mo</u>				ADDRESS

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

AUG 11 1958

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..... *R B Webb # 9353*

Licensed Embalmer No. *Blue Springs*

P. O. Address..... *Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.