

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32667**

FILED SEP 16 1953

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give town) Humansville		c. CITY (If outside corporate limits, write RURAL and give township) Rural Jefferson Twnp. 0200	
c. LENGTH OF STAY (in this place) 52 hrs		d. STREET ADDRESS (If rural, give location) Geo. Dimmitt Memorial Hosp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) James Louis Pettijohn	a. (First) James	b. (Middle) Louis	c. (Last) Pettijohn	4. DATE OF DEATH (Month) (Day) (Year) 9 7 53
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Columbia, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Austin Pettijohn	13b. MOTHER'S MAIDEN NAME Elizabeth Umbenhour	14. NAME OF HUSBAND OR WIFE Lucille
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 500-12-9268	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille Pettijohn	ADDRESS Humansville
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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, asphyxia, 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) Coronary artery thrombosis 3 weeks		
	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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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)	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 **8/2, 1953** to **9/7, 1953**, that I last saw the deceased alive on **9/7, 1953**, and that death occurred at **1:53 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. H. Robinson M.D.	(Degree or title)	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 9/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/10/53	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. 9-10-53	REGISTRAR'S SIGNATURE Ralph Gardner	25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home	ADDRESS Humansville
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, 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.