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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39934

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Michigan</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Rolla Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Detroit</u>	
c. LENGTH OF STAY (in this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>5537 Montclair</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles W of Rolla on Hwy 66</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Robert</u> c. (Last) <u>Petty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>23 June 1930</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (State or foreign country) <u>Detroit, Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Millard J. Petty</u>	13b. MOTHER'S MAIDEN NAME <u>Tissie B. (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia L. Petty</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 15 Jan 51 to date</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. P. White, Capt. MSC Ft Leonard Wood, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive lacerations of brain and brain stem</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compression fractures of Left Temporal bone and Left Frontal bone</u>		
	DUE TO (c) <u>Extensive fracture base of skull with fracture lines extending along both petrous ridges</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral fractures of mandible.</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>-----</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5 miles W of Rolla Phelps Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 20 1953 2:50 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Headon collision with truck</u>

22. I hereby certify that I attended the deceased at 10:30 am, 1800005 20 Nov, 1953, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Sargent 1st Lt MC</u>	23b. ADDRESS <u>US Army Hosp Ft Leonard Wood, Mo</u>	23c. DATE SIGNED <u>20 Nov 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 21-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	24d. LOCATION (City, town, or county) (State) <u>Detroit Mich</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hedgewood, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed 11-24-53

REC 30 1953
JAN 6 1954

DEC 15

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 *Clarence Moss*

Licensed Embalmer No. 4896

P. O. Address *Waynesville, N.C.*

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.