

FILED JUN 1 1954 STANDARD CERTIFICATE OF DEATH

State File No. 16478

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give town) Edina.	c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN Greensburg	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital		e. STREET ADDRESS (If rural, give location) Town 05-20	

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle) Elizabeth	c. (Last) Pettit	4. DATE OF DEATH (Month) (Day) (Year) May 18 1954		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH May 8, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY house wife	11. BIRTHPLACE (City and State or Foreign Country) Adair Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dr. James Myers	13b. MOTHER'S MAIDEN NAME Georganna Pettit	14. NAME OF HUSBAND OR WIFE Adrian B. Pettit
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Pettit, Baring, Missouri
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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, ashenia, 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) Acute circulatory failure	ANTECEDENT CAUSES		3 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Coronary thrombosis with myocardial infarction		
DUE TO (c) Arteriosclerosis	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., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
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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 May 10, 1954, to May 18, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 10:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cornelius D.O.</u>	23b. ADDRESS Edina, Missouri	23c. DATE SIGNED 5/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Greensburg	24d. LOCATION (City, town, or county) (State) Greensburg, Missouri
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DATE REC'D. BY LOCAL REG. May 24-54	REGISTRAR'S SIGNATURE <u>Helle S. Dunolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Luther R. Rickett</u>	ADDRESS Memphis, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *Fred Smith*

Licensed Embalmer No. *425*

P. O. Address..... *New York*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.