

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 8032 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrensburg		c. CITY OR TOWN Holden	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home		e. STREET ADDRESS (If rural, give location) Rural, Pittsville Twp 0510	

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) none	c. (Last) Petty	4. DATE OF DEATH (Month) (Day) (Year) June 10, 1954
-------------------------------------	----------------	------------------	-----------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 23, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Hours 17
---------------	------------------------	--	--------------------------------	------------------------------------	---------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	-------------------------------------

13a. FATHER'S NAME Joseph Slack	13b. MOTHER'S MAIDEN NAME Clarkie Taylor	14. NAME OF HUSBAND OR WIFE Frank Petty
---------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Tom Slack, R.F.D. Holden, Mo.	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, asthenia, 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) Chronic Cardiac Asthma Cardiac Asthma		Chronic
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Mitral Regurgitation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	 y TO 30X y	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	410X	7. VII 1954: 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) m.	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 Jan. 1954, to June 10, 1954, that I last saw the deceased alive on saw after death, and that death occurred at 7A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. Patterson</i>	(Degree or title)	23b. ADDRESS Harrensburg, Missouri	23c. DATE SIGNED June 10 1954
-------------------------------------	-------------------	------------------------------------	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 12 '54	24c. NAME OF CEMETERY OR CREMATORY Cobb Cemery	24d. LOCATION (City, town, or county) (State) Johnson County, Missouri
--	-----------------------	--	--

DATE REC'D BY LOCAL REG. June 13, 1954	REGISTRAR'S SIGNATURE Savannah Childfield	25. FUNERAL DIRECTOR'S SIGNATURE Canaday and Ropp, Holden, Missouri	ADDRESS
--	---	---	---------

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

RECEIVED
JUN 21 1954
JOHNSON COUNTY HEALTH DEPT

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 *M J Canaday*

Licensed Embalmer No. *34*

P. O. Address *Holden*

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.