

FILED JUL. 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21915

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>62521</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>				2. USUAL RESIDENCE (where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u>				
b. CITY OR TOWN <u>RURAL - Mill Spring, Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 mo.</u>		c. CITY OR TOWN <u>RURAL - Mill Spring, Mo.</u>		1110		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 MI. S.W. of Piedmont, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>8 MI. S.W. of Piedmont, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HARVEY</u> c. (Last) <u>PETTY</u>			4. DATE OF DEATH 6 (Month) 6 (Day) 1954 (Year)					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>10-30-1874</u>		
9. AGE (In years last birthday) <u>79</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 24 Hrs. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work or profession if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JESS PETTY</u>		ADDRESS <u>FARMINGTON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4-221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Mill Spring, Wayne Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>6-6-54</u> , 19 <u>54</u> , to <u>6-6-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-4-54</u> , 19 <u>54</u> , and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. E. Starnes, M.D.</u>				23b. ADDRESS <u>Piedmont, Mo.</u>		23c. DATE SIGNED <u>6-17-54</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____		24b. DATE <u>6-7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BROWNS CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>BUTLER COUNTY MO.</u>		
DATE REC'D BY LOCAL REG. <u>June 20, 1954</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. White</u>		ADDRESS <u>Fisk, Mo.</u>		

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

RECEIVED

JUL 9 1954

WAYNE CO. HEALTH CENTER

FILE No. _____

MAR 22 1956

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 6-7-5

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed Phil A. Lenczel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff

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.