

FILED SEP 20 1954.

STANDARD CERTIFICATE OF DEATH

State File No. **30389**No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe		c. LENGTH OF STAY (In this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Warsaw Rural (west Lindsey township)		d. STREET ADDRESS (If rural, give location) 10 miles northwest Warsaw 80801	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital							
3. NAME OF DECEASED (Type or Print) FRED		a. (First) FRED		b. (Middle) A.		c. (Last) PETTY	
4. DATE OF DEATH (Month) (Day) (Year) Sept 14 1954		5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Mar 31, 1867		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Mts. 5 13		IF UNDER 24 HRS. Hours Mts. 5 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Pittfield, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alvin Petty		13b. MOTHER'S MAIDEN NAME Julia Duffield		14. NAME OF HUSBAND OR WIFE Effie Petty			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) yes Spanish Campaign		16. SOCIAL SECURITY NO. none		INFORMANT'S SIGNATURE OR NAME Effie Petty ADDRESS Warsaw			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DEBILITY AND INANITION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) METASTATIC CARCINOMA OF PROSTATE				3 1/2 Mos.	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURED HIP				40 days	
19a. DATE OF OPERATION May 29 1954		19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate 177XF				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) at home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 5 1954		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patient fell out of bed			
22. I hereby certify that I attended the deceased from May 29 , 19 54 , to Sept. 14 , 19 54 , that I last saw the deceased alive on Sept. 14 , 19 54 , and that death occurred at 3:20 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. E. Harbaugh, D.O.				23b. ADDRESS 105 E. Ohio, Benton, Mo.		23c. DATE SIGNED Sept. 14	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 16, 1954		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Lincoln Mo.	
DATE REC'D BY LOCAL REG. Sept 16-1954		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE John F. Reese		ADDRESS Warsaw	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24

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

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.