

34474

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 20 1954

BIRTH NO.		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4269</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corder</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corder</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Corder</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MABLE</u>			b. (Middle) <u>-</u>			c. (Last) <u>PETTY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1954</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan 25 1897</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>		IF UNDER 1 YEAR Hours <u>19</u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Z. Petty</u>			13b. MOTHER'S MAIDEN NAME <u>Nettie Reed</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-24-1890</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Petty Corder, 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, asthma, etc. It means the disease, injury, or complication which caused death.							
19. MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Cancer of the Breast</u>							
DUE TO (c) <u>Pathological fracture left hip. Peptic ulcer</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
Interval between ONSET AND DEATH <u>1 year</u> <u>Several years</u> <u>2 1/2 mo.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170XF</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)			
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 <u>Jul 29</u> , 19 <u>54</u> , to <u>Oct. 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct. 8</u> , 19 <u>54</u> , and that death occurred at <u>6:50</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wilbur E. Fulkerson M.D.</u>				23b. ADDRESS <u>Higginsville Mo.</u>		23c. DATE SIGNED <u>10-13-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 12 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Corder Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 14 - 1954</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hader</u>		ADDRESS <u>Higginsville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

6987 0 8 11/11

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.

Signed _____

Trust Reekhof

Signed _____

Student Embalmer

Licensed Embalmer No. _____

14284

P. O. Address _____

Hyannisville, Ma

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.