

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1954

State File No. _____

No. 300
10-48

0970

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

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6083</u>		Registrar's No. <u>960</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson, Mo.</u>		c. LENGTH OF STAY (in this place) <u>50Yrs.</u>		c. CITY OR TOWN <u>Nelson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Main Street-No Number</u>				e. STREET ADDRESS (If rural, give location) <u>Main Street-No Number 090</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>		b. (Middle) <u>-</u>		c. (Last) <u>Petry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13 1954</u>			
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>Mar. 27-1860</u>			
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Indiana</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm Work-Boonville, Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Petry</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, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Paul Barnes-Nelson, Missouri</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> <u>Blood Poison disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____			
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>Oct 12, 1954</u> to <u>Oct 13, 1954</u> that I last saw the deceased alive on <u>Oct 13, 1954</u> , and that death occurred at <u>1:15 A.M.</u> from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) <u>Sidney J. Gray</u>				23b. ADDRESS <u>Nelson, Mo.</u>		23c. DATE SIGNED <u>Oct 14 54</u>			
24a. BIRTHAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nelson, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10.14-54</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leslie Sweeney - Marshfield, Mo.</u>					

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..... *J. Leslie Swanson*

Licensed Embalmer No.

P. O. Address.. *Marshall,*

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.

Embalmed by

Signature