

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax Mo.</u>		c. CITY OR TOWN <u>Oregon</u> <u>0440</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 days</u>		e. STREET ADDRESS (If rural, give location) <u>6 miles east & 3 miles north Oregon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Mae</u> c. (Last) <u>Pettijohn</u>		4. DATE OF DEATH <u>March 1 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child- never married</u>	8. DATE OF BIRTH <u>Oct. 23, 1939</u>
9. AGE (In years last birthday) <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Savannah Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>student</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lloyd L. Pettijohn</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Bishop</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Lloyd L. Pettijohn</u>	ADDRESS <u>Oregon, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Measles Encephalitis</u>		3 weeks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Past Measles state</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>0850</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 July, 1952, to Feb 28, 1953, that I last saw the deceased alive on Mar 1, 1955, and that death occurred at 12 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gene F. Swanson</u> <u>443</u> (Degree or title) <u>0 M.D.</u>	23b. ADDRESS <u>Oregon, Mo.</u>	23c. DATE SIGNED <u>2-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 3, 1955</u>	REGISTRAR'S SIGNATURE <u>Harmon H. Schocher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James N. Pettijohn</u>	ADDRESS <u>Oregon Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *James H. Crawford*.....

Licensed Embalmer No. *479*.....

P. O. Address *Mound City*.....

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.

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