

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17386

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 681 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Ste Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ste Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural union</u>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>near Farmington Mo 0950</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Newton</u> b. (Middle) <u>Iaiah</u> c. (Last) <u>Petrie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar 11 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>lecturer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Mathias Petrie</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Catherine Mills</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Young Petrie</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Newton Petrie Farmington rt 2</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Generalized Arteriosclerosis</u>			
		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>4-2-00</u>		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) <u>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 Nov 19 54 to May 26 19 55, that I last saw the deceased alive on May 7 19 55 and that death occurred at 8:20 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Couleton, M.D.</u>		23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>5-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 29 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Three Rivers</u>	
24d. LOCATION (City, town, or county) (State) <u>near Farmington Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Baker</u>		ADDRESS <u>481- Cozean Farmington Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-2-55</u>		REGISTRAR'S SIGNATURE <u>John Baker</u>			

(Licensed Emballer's Statement on Reverse Side)

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

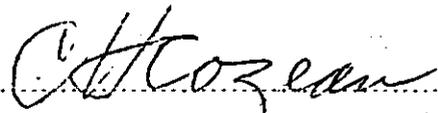
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 408

P. O. Address Farmington

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.