

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17596

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greensburg (rural)	
c. LENGTH OF STAY (in this place) 10 hr		d. STREET ADDRESS (If rural, give location) 0520 / 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			
3. NAME OF DECEASED a. (First) FLOYD b. (Middle) MYERS c. (Last) PETTIT			4. DATE OF DEATH (Month) (Day) (Year) June 3, 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 29, 1894
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-emp. Glove factory	11. BIRTHPLACE (State or foreign country) Greensburg, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-emp. Glove factory		10b. KIND OF BUSINESS OR INDUSTRY factory	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Adrain B. Pettit		13b. MOTHER'S MAIDEN NAME Anna Elizabeth Myers	14. NAME OF HUSBAND OR WIFE Helen Pettit
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-26-8812	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Pettit ADDRESS Greensburg, Mo
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 33IX 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	
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 <input type="checkbox"/> 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 June 3, 1955, to June 3, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 7:30 p. m., from the causes and on the date stated above.			
23a. SIGNATURE A. J. Rhoads D.O. (Degree or title)		23b. ADDRESS Kirksville, Mo	23c. DATE SIGNED 6-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Greensburg cemetery	24d. LOCATION (City, town, or county) (State) Greensburg, Missouri
DATE REC'D BY LOCAL REG. 6-18-55	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adorina Edina, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1933

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, ~~and~~.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Mrs. J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, Minn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.