

No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25392

State File No.

878

FILED AUG 22 1955

42

1000

Registrar's No.

| | | | | | | | |
|---|----------------------------------|--|---|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph | | c. LENGTH OF STAY (in this place) Life | | c. CITY OR TOWN St. Joseph | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | | | e. STREET ADDRESS (If rural, give location) R. R. #2 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) DORA | | | b. (Middle) | | c. (Last) PETTY | | 4. DATE OF DEATH (Month) (Day) (Year) August 6 1955 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH October 10, 1880 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME Peter Stilen | | | 13b. MOTHER'S MAIDEN NAME Dora Glorkler | | 14. NAME OF HUSBAND OR WIFE Charles B. Petty | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter C. Gerber | | ADDRESS St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY EDEMA | | | INTERVAL BETWEEN ONSET AND DEATH 2 DAYS |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIAL INSUFFICIENCY | | | UNK. |
| | | | | DUE TO (c) 42212 | | | |
| | | | | 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 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 JAN. 20, 1954 , to AUG. 6, 1955 , that I last saw the deceased alive on AUG. 6, 1955 , and that death occurred at 9:55P m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Lawrence H. Griffin, M.D. | | | | 23b. ADDRESS 1302 PARKWAY ST. JOSEPH, MO | | 23c. DATE SIGNED 8-11-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug. 9, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | |
| DATE REC'D BY LOCAL REG. Aug 18, 1955 | | REGISTRAR'S SIGNATURE Kathleen M. Allison | | FUNERAL DIRECTOR'S SIGNATURE Stamper Funeral Home | | ADDRESS St. Joseph, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

SEP 15 1956

SEP 19 1956

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 *Charles E. Bennett*.....

Licensed Embalmer No. *4672*.....

P. O. Address *St. Joseph*.....

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.