

FILED OCT 19 1955

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **33465**
 Registrar's No. **4216**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4216</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>65 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</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 HOSPITAL OR INSTITUTION: <u>RESEARCH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>27 2609 COLLEGE AVENUE</u> <u>3378</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) _____ c. (Last) <u>PETRIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 28 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>FEB-24-1878</u>			
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETAIL COAL DEALER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>TORRELL, TEXAS</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>JOSEPH PETRIE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SUPPLE</u>		14. NAME OF HUSBAND OR WIFE <u>ADA PETRIE</u>		
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 <u>ADA PETRIE</u> ADDRESS <u>2609 COLLEGE, K.C. Mo</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>Carcinoma</u> ANTECEDENT CAUSES <u>Primary Caecum</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetic Mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 mo.</u> <u>6 1/2 mo.</u> <u>many years</u> <u>153 X</u>	
19a. DATE OF OPERATION <u>June 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Caecum</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u>		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) _____ m.		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>1952</u> to <u>9-28</u> , 1955, that I last saw the deceased alive on <u>9-27</u> , 1955, and that death occurred at <u>2:54</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank B. [Signature]</u> (Degree or title) <u>174</u>				23b. ADDRESS <u>1500 Puff Blk Kansas City Mo</u>		23c. DATE SIGNED <u>9-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEP-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-30-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer (Sons) 1331 [Address] Kansas City, Mo.</u>					

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

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 *Albert L. Savage*.....

Licensed Embalmer No. *H. 81*.....

P. O. Address *Kenosha*.....

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.