

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34052**

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	Registrar's No. 338
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	c. LENGTH OF STAY (In this place) 49 yrs	c. CITY OR TOWN Hannibal	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 416 N. 6th Street.		e. STREET ADDRESS (If rural, give location) 416 N. 6th, St. 0644		
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle)	c. (Last) Petter	4. DATE OF DEATH (Month) (Day) (Year) Nov 29 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 2, 1866	9. AGE (In years last birthday) 89 If UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler	10b. KIND OF BUSINESS OR INDUSTRY Jeweler	11. BIRTHPLACE (City and State or Foreign Country) Paducah, Ky		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Laborious Petter	13b. MOTHER'S MAIDEN NAME Margaret	14. NAME OF HUSBAND OR WIFE Hattie M. Petter (deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-40-240+	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Petter, Hannibal, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio Sclerosis DUE TO (c) 4901		INTERVAL BETWEEN ONSET AND DEATH 1 Month 5 years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21f. HOW DID INJURY OCCUR?	
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"/>			
22. I hereby certify that I attended the deceased from 3-2, 1948 , to 11-9, 1955 , that I last saw the deceased alive on 9-25, 1954 , and that death occurred at 8 a.m. , from the causes and on the date stated above.		23a. SIGNATURE [Signature] 23b. ADDRESS [Address] 23c. DATE SIGNED 11-9-55		
24a. BURIAL CREMATION (Specify) Burial	24b. DATE 11-11-55	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri	
DATE REC'D BY LOCAL REG. 11-7-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature], Hannibal, Mo.		

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

RECEIVED NOV 13 1955
MARION CO. HEALTH DEPT.
DATE FILED NOV 13 1955

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 *Jack Schwartz*.....
Licensed Embalmer No. *4900*
P. O. Address *Hamilton*.....

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.