

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12795

STATE FILE NUMBER

Registration District No. 96

Primary Registration District No. 5353

Registrar's No. 21

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Dallas</b>		a. STATE <b>Missouri</b> b. COUNTY <b>DALLAS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RFD EKLAND</b>		c. CITY OR TOWN <b>EKLAND</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>North of Ekland life</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D.</b>	

3. NAME OF DECEASED (Type or print) <b>Carthena Ethel Pettitt</b>				4. DATE OF DEATH <b>April 8, 1956</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 11, 1879</b>	
9. AGE (In years last birthday) <b>76</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own House</b>		9. AGE (In years last birthday) <b>76</b>	
11. BIRTHPLACE (City and state or country) <b>Webster County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>James Jones</b>		14. MOTHER'S MAIDEN NAME <b>JANE Beckerdite</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT <b>Jesse Pettitt</b>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY thrombosis</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic C-V disease</b>	
DUE TO (c) <b>4201</b>		8-10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Pneumonia, virus 2 wks before death</b>			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <b>MARCH 20, 1956</b> to <b>April 4, 1956</b> and last saw her alive on <b>April 4, 1956</b> Death occurred at <b>6 o'clock</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
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22a. SIGNATURE <b>Dr. J. H. Jones</b> (Degree or title)		22b. ADDRESS <b>Buffalo, Mo.</b>		22c. DATE SIGNED <b>4/9/56</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIED</b>		23b. DATE <b>4/10/56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mission Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>North of Ekland, MO.</b>	
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24. FUNERAL DIRECTOR <b>L. B. Jones</b>		ADDRESS <b>Buffalo, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4/23/56</b>		26. REGISTRAR'S SIGNATURE <b>Mr. Henry Petter</b>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

93.

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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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Gene S. Hunter*

Licensed Embalmer No. *47*

P. O. Address *Buffal*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.