

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13872**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Waverly</b>	c. LENGTH OF STAY (in this place township) <b>9 days</b>	c. CITY OR TOWN <b>Dover</b>	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 <b>Kelling Clinic</b>		e. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Oliver</b> b. (Middle) <b>Pierce</b> c. (Last) <b>Pettigrew</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 13 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2/5/1878</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postmaster (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bolckow, Missouri</b>	12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Charles Pettigrew</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Jenkinson</b>	14. NAME OF HUSBAND OR WIFE <b>Lenna Briet</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Julius Loch</b> ADDRESS <b>Dover, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>		<b>4-2-56</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>With gastric Hemorrhage</b>		<b>4-13-56</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis Hypertension</b>		DUE TO (c)	<b>12 days</b>
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) 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 **6-1, 1955**, to **4-13, 1956** that I last saw the deceased alive on **4-13, 1956** and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Geo A Kelling MD</b>	23b. ADDRESS <b>Waverly Mo</b>	23c. DATE SIGNED <b>4-14-56</b>
24a. BURIAL-CREMA-TION REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4/15/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bolckow Cemetery</b>
DATE REC'D BY LOCAL REG. <b>April 14 1956</b>		24d. LOCATION (City, town, or county) (State) <b>Bolckow Missouri</b>

REGISTRAR'S SIGNATURE <b>Clayton H Landrum</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barley Funeral Home</b> ADDRESS <b>Waverly</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 16 1956

MAY 11 1956

JUN 13 1956

MAY 24 1956

MAY 10 1950

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 *Morris D. Bailey*.....

Licensed Embalmer No. *4887*

P. O. Address *Waverly*.....

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.