

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15649

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>542</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>5 Yrs</u>		c. CITY OR TOWN <u>St. Joseph</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>2417 Patee Street</u>				e. STREET ADDRESS (If rural, give location) <u>2417 Patee Street</u> <u>01110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Pettyjohn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13th 1956</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>August 16-1889</u>		9. AGE (in years last birthday) <u>66 Yrs</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>Merchant-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>tobacconist</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James A. Pettyjohn</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth L. Umbenhower</u>		14. NAME OF HUSBAND OR WIFE <u>Dora</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No none</u>		16. SOCIAL SECURITY NO. <u>497-14-5188</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dora Pettyjohn, 2417 Patee Street.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis, Acute</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND 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)		4201	
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 <u>on 5/13/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/13/1956</u> and that death occurred at <u>9:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Redmond M. D. St. Joseph, Mo.</u>		(Degree or title)		23b. ADDRESS		23c. DATE SIGNED <u>5/16/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>		24b. DATE <u>May 17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>May 22, 1956</u>		REGISTRAR'S SIGNATURE <u>Ester M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alison Weirhoffer Fleeman</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3.300  
0.48

APR 19 1962

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 *Raymond H. Hore*

Licensed Embalmer No. 48

P. O. Address *Superior*

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.