

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19522

FILED JUL 2 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. CITY OR TOWN <u>Lamar</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>23 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>804 Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ADA</u>	b. (Middle) <u>PERMELIA</u>	c. (Last) <u>PETTIT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 9, 1899</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William R. Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Guy Pettit</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-24-6752</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Guy Pettit,</u>	ADDRESS <u>Lamar, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of Brain Stem 8 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</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) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia 2 wks?</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 Oct 2, 1948, to May 21, 1956, that I last saw the deceased alive on March 27, 1956, and that death occurred at 3:00 pm., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Herbert M. Arnold M.D.</u>	23b. ADDRESS <u>W. O. Lamar Mo.</u>	23c. DATE SIGNED <u>6-22-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 24 1956</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home,</u>	ADDRESS <u>Lamar, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. [unclear]

JUL 2 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Charles W. Child

Licensed Embalmer No. *347*

P. O. Address *Lana*

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