

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

State File No. **20067**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **4180** Registrar's No. **103**

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) Campbell		c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Campbell		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1024 Monroe			d. STREET ADDRESS (If rural, give location) 1024 Monore		

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) FLORENCE c. (Last) DUNCAN PETTIGREW			4. DATE OF DEATH (Month) (Day) (Year) June 9, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 13, 1887		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR: Days 8 Hours 25 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Wesley Craig		13b. MOTHER'S MAIDEN NAME Missouri Ann Howell		14. NAME OF HUSBAND OR WIFE Deceased	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ambress Thrasher, Campbell, Mo	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the uterine cervix & metastases to lungs.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			2 yrs +		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 171X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5/11, 1956**, to **6/7, 1956**, that I last saw the deceased alive on **6/7, 1956**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wallace A. Selsey M.D.		23b. ADDRESS Campbell, Mo.		23c. DATE SIGNED 6/11/56.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, 1956		24c. NAME OF CEMETERY OR CREMATORY Lloyd Cemetery		24d. LOCATION (City, town, or county) (State) Holcomb, Mo. Bte. 1	
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DATE REC'D BY LOCAL REG. 6-12-56		REGISTRAR'S SIGNATURE Mrs. Daphne Spurgeon		25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNBAR COUNTY H
DEPARTMENT 6-18-58
COUNTY FILE NUMBER 656

1 OCT 31 1958

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
Student Embalmer

Signed Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

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 this body is not embalmed, fact should be so stated above.