

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21275

State File No. _____
Registrar's No. 39 (39)

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4341

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Bellflower</u>		c. CITY OR TOWN <u>Bellflower</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>55 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>Own Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary N.</u>	b. (Middle) <u>Pettig</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 14 1865</u>	9. AGE (In years last birthday) <u>91</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>Ret. Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General duties</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Neimeier</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Deitert</u>	14. NAME OF HUSBAND OR WIFE <u>Henry F. Pettig Deceased</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Julia Pettig Bellflower Mo</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u>		<u>2 WEEKS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u>		<u>10 years</u>
DUE TO (c) _____			
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 _____	<u>4222</u>	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from JAN 9, 1956, to JUNE 7, 1956, that I last saw the deceased alive on JUNE 7, 1956 and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William Rudale D.O.</u>	23b. ADDRESS <u>Montgomery City Mo</u>	23c. DATE SIGNED <u>6-9-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower</u>	24d. LOCATION (City, town, or county) (State) <u>Bellflower Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 12-56</u>	REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Jones</u>	ADDRESS <u>Bellflower Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Oland A Jones*
Licensed Embalmer No. 2978.

P. O. Address Bellflower.

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.