

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21386**

No. 300
10-48

FILED JUL 12 1956

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY OR TOWN Hayti		c. CITY OR TOWN Hayti	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 Day		e. STREET ADDRESS (If rural, give location) Rural Route 1 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot County Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Jimmy		b. (Middle) Ray	
c. (Last) Petty		4. DATE OF DEATH (Month) (Day) (Year) 6-18-56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-11-56
9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Months 5 Days 7	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) R. 1 Hayti, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Walter Petty	
13b. MOTHER'S MAIDEN NAME Mary Ellen Gaskin		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Petty R. 1 Hayti, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		INTERVAL BETWEEN ONSET AND DEATH 5 months	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.		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) (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 6-17, 1956 , to 6-18, 1956 , that I last saw the deceased alive on 6-15, 1956 , and that death occurred at 3:10 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE C.D. Roush		23b. ADDRESS Hayti, Mo.	
23c. DATE SIGNED 6-21-56		23d. NAME OF CEMETERY OR CREMATORY Wardell Memorial	
23e. LOCATION (City, town, or county) (State) Wardell, Mo.		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-19-56		24c. NAME OF CEMETERY OR CREMATORY Wardell Memorial	
24d. LOCATION (City, town, or county) (State) Wardell, Mo.		DATE REC'D BY LOCAL REG. 6-26-56	
REGISTRAR'S SIGNATURE John H. German		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Osburn Funeral Home, Wardell, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

7-163-56

JUL 11 1956

PEMISCOT-COUNTY HEALTH DEPARTMENT
COURTHOUSE . . . PHONE 79 . . .
CARUTHERSVILLE, MO.

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 *James A. Sabers*
Licensed Embalmer No. 4185

P. O. Address Wardell, M

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.