

FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31360**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **182**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Macon
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 715 N. Rollins		06170	

3. NAME OF DECEASED (Type or Print) a. (First) Wallace b. (Middle) Sidney c. (Last) Petty			4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/13/1887	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months 1 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Health Officer		10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor	11. BIRTHPLACE (City and State or Foreign Country) Rutledge, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph Petty		13b. MOTHER'S MAIDEN NAME Ada Conley		14. NAME OF HUSBAND OR WIFE Hannah Petty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1		16. SOCIAL SECURITY NO. 491-36-8519		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hannah Petty, Macon, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 13 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
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 331x	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)	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 **Sept. 8, 1956**, to **Sept. 9, 1956** that I last saw the deceased alive on **Sept. 9, 1956**, and that death occurred at **9:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James E. Campbell M.D.	(Degree or title)	23b. ADDRESS Macon, Mo.	23c. DATE SIGNED 9/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/12/1956	24c. NAME OF CEMETERY OR CREMATORY Pauline Cemetery	24d. LOCATION (City, town, or county) (State) Rutledge, Missouri
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DATE REC'D BY LOCAL REG. 9/19/56	REGISTRAR'S SIGNATURE Speth M. Swoley	25. FUNERAL DIRECTOR'S SIGNATURE R. Leslie Beaman	ADDRESS Macon, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

185

SEP 25 1956

SEP 19 1956

RECEIVED 9.18.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 9.56-142
Date Filed 9.18.56

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 *Howard F Myers*.....

Licensed Embalmer No. *2449*

P. O. Address *Macon*.....

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.