

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37183

FILED NOV 23 1956

STATE FILE NUMBER 556

Registration District No. 43 Primary Registration District No. 3007 Registrar's No.

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		d. STREET ADDRESS (If outside, give location) 827 Poplar St.	
3. NAME OF DECEASED (Type or print) First JOHN Middle WESLEY Last PETTET		4. DATE OF DEATH Month 11 Day 14 Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Foreman		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (City and state or country) New Port, Ark.
13. FATHER'S NAME John W. Pettet		14. MOTHER'S MAIDEN NAME Mary E. Sands	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW1		16. SOCIAL SECURITY NO. 490-01-3313	17. INFORMANT William W. Pettet
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).			INTERVAL BETWEEN ONSET AND DEATH 4 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 11 Nov. 1956 to 14 Nov. 1956 and last saw him alive on 11-14-56 Death occurred at 11:50 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. W. Wapshetter (Degree or title) MD		22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 11-16-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-17-1956	23c. NAME OF CEMETERY OR CREMATORY Augusta Cemetery	23d. LOCATION (City, town, or county) (State) Augusta, Ark.
24. FUNERAL DIRECTOR Greer Croy & Fitch, Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG 11/15/56	26. REGISTRAR'S SIGNATURE [Signature]

Health, Welfare, Public Service
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300-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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BUTLER CO. HEALTH CENTER

FILE No. _____

MAY 2

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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 Wallace N Fitch

Licensed Embalmer No. 382

P. O. Address Poplar Bluff

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