

FILED FEB 4 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2103

STATE FILE NUMBER

9

 Registration District No. 238 Primary Registration District No. 4355 Registrar's No.

| | | | | | | | |
|---|------------------|---|--|---|---|---|------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>New Madrid</u> | | | | a. STATE <u>Missouri</u> | | b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u> | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>New Madrid</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | | | Length of stay in 1b <u>—</u> | | d. STREET ADDRESS <u>338 Capitol</u> | |
| 3. NAME OF DECEASED (Type or print) | | | | | | 4. DATE OF DEATH | |
| First | | Middle | | Last | | Month Day Year | |
| <u>William</u> | | <u>Elvis</u> | | <u>Petty, Sr.</u> | | <u>Jan. 10, 1957</u> | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. |
| <u>Male</u> | <u>White</u> | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | <u>June 6, 1973</u> | | <u>83</u> | Months <u>7</u> Days <u>4</u> Hours <u>—</u> Min. <u>—</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY? |
| <u>Day Labor</u> | | | <u>—</u> | | <u>Ill.</u> | | <u>USA</u> |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN NAME | | | |
| <u>Unknown</u> | | | | <u>Unknown</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address | | |
| <u>None</u> | | | <u>490-01-0060</u> | | <u>John Petty, Cape Girardeau, Mo.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY: | | | | | | | |
| IMMEDIATE CAUSE (a) <u>Cirrhosis of Liver</u> | | | | | | <u>18 months</u> | |
| DUE TO (b) <u>Arteriosclerosis obliterans</u> | | | | | | <u>3 years</u> | |
| DUE TO (c) <u>—</u> | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? | |
| <u>4500</u> | | | | | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <u>2-17-53</u> to <u>1-10-57</u> and last saw her alive on <u>1-10-57</u> Death occurred at <u>6:09 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) | | | | 22b. ADDRESS | | 22c. DATE SIGNED | |
| <u>James B. Cameron D.O.</u> | | | | <u>22b. Munster, Mo.</u> | | <u>1-23-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | | |
| <u>Burial</u> | | <u>Jan 12, 57</u> | <u>Evergreen Cemetery</u> | | <u>New Madrid, Missouri</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE | |
| <u>Richards Undertaking Co. Mo.</u> | | | | <u>1/26/57</u> | | <u>Jay Hedgepeth</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

DATE RECEIVED JAN 28 1957
NEW MADRID CO. HEALTH CENTER

P. J. L.

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 Jimmy L. Roberts
Licensed Embalmer No. 488

P. O. Address New Madrid

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