FILED SEP 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28459
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 388

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown — Inside Limits Yes ✓ No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5804 Ash — Length of stay in Hospital 30 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Texas b. COUNTY Texarkana
c. CITY OR TOWN Texarkana — Inside Limits Yes ✓ No
d. STREET ADDRESS (If outside, give location) Box 144 — Reside on Farm Yes No ✓

3. NAME OF DECEASED (Type or print) First Etta Middle Mae Last Petrick

4. DATE OF DEATH Month Aug Day 31 Year 1957.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH May 14 1889
9. AGE (In years last birthday) 68
IF UNDER 1 YEAR Months 3 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Hecla, South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Harrison Head
14. MOTHER'S MAIDEN NAME Emma Albertson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 504-14-3005
17. INFORMANT John D. Stevenson Address 5804 Ash Raytown Mo

MEDICAL CERTIFICATION

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) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo. C. Graeff M.D.
22b. ADDRESS 6625 Prospect Kans
22c. DATE SIGNED 8-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept 1. 1957
23c. NAME OF CEMETERY OR CREMATORY Texarkana Cem
23d. LOCATION (City, town, or county) (State) Texarkana, Texas

24. FUNERAL DIRECTOR E. Clark Feggert, Raytown, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 9-1-57
26. REGISTRAR'S SIGNATURE Frances Kracy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Deaths from violence must be casualty related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed E Clark Fegert

Licensed Embalmer No. 39

P. O. Address Raytown,

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.