t. Health,
, & Welfare
S. Public
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v. 1-57

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36067
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4917

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran — Length of stay in 1b: 7 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 1619 Madison (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Iva Middle L. Last PeTTiT Sr.

4. DATE OF DEATH Month Oct. Day 22. Year 1957

5. SEX Male

6. COLOR OR RACE Caucc.

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Oct. 2, 1899

9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Co. Employee.

10b. KIND OF BUSINESS OR INDUSTRY Glass Company

11. BIRTHPLACE (City and state or country) Van Buren Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank PeTTiT

13b. MOTHER'S MAIDEN NAME Ellen Phillips

14. NAME OF HUSBAND OR WIFE Lucille PeTTiT.

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. 429-24-1257

17. INFORMANT Mr. Iva L. PeTTiT Sr. Address 1669 Bellview

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary thrombosis & myocardial infarct. — Interval between onset and death: 21 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Complicated by thrombosis of iliac artery — 7 days
DUE TO (c) and cerebral thrombosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

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 Oct. 3, 1957, to Oct 22 57 and last saw him alive on Oct. 22, 1957
Death occurred at 1:40 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph E. Welker (Degree or title) MD

22b. ADDRESS 836 Prof Bldg. K.C. 6 Mo.

22c. DATE SIGNED 10/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE October 24, 57

23c. NAME OF CEMETERY OR CREMATORY Mulberry Cemetery

23d. LOCATION (City, town, or county) England (State) Arkansas

24. FUNERAL DIRECTOR Muehlebach — ADDRESS 6800 Troost

25. DATE RECD. BY LOCAL REG. 10-23-57

26. REGISTRAR'S SIGNATURE Nova Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Joseph E. Welker

KP 2

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address 6800 Troost
K.C. Mo.

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.