

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017933  
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 132 Primary Registration District No. 4203 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <i>Grundy</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Grundy</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Galt</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Galt 04000</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
f. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b <i>10 1/2</i>	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>CHARLES DELFORD PETTIT</i>			4. DATE OF DEATH Month Day Year <i>5-27-58</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-4-1874</i>	9. AGE (In years last birthday) <i>83</i>	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) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Grundy Co mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>Nathaniel Pettit</i>		13b. MOTHER'S MAIDEN NAME <i>Hannah -</i>		14. NAME OF HUSBAND OR WIFE <i>Edith Avey Pettit</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)		16. SOCIAL SECURITY NO. <i>✓</i>		17. INFORMANT Address <i>Mrs Charles Pettit Galt mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia + Coma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Severe weather -</i> DUE TO (c) <i>Possibly Malignancy - Hypertrophied prostate</i>			INTERVAL BETWEEN ONSET AND DEATH <i>72 hours</i> <i>5-6 years</i> <i>10-12 years</i>
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>177X</i>

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 <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 <i>Jan 50</i> to <i>May 58</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>May 26-58</i> Death occurred at <i>5045 2</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Dr Eitel MD 2</i>	(Degree or title)	22b. ADDRESS <i>Galt mo</i>	22c. DATE SIGNED <i>5-29-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-29-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Berry Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Galt mo</i>
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24. FUNERAL DIRECTOR <i>PK Payne</i>	ADDRESS <i>Galt mo</i>	25. DATE RECD. BY LOCAL REG. <i>5/29/58</i>	26. REGISTRAR'S SIGNATURE <i>Jerome Jaw</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *P. K. Payne Jr* .....

Licensed Embalmer No. *3400* .....

P. O. Address *Galt* .....

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.