

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036179

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 905

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Windsor</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Conv.</b>		Length of stay in 1b <b>16yrs.</b>	d. STREET (If outside, give location) ADDRESS <b>303 E. Benton</b>
3. NAME OF DECEASED (Type or print) First <b>Home</b> Middle <b>William M</b> Last <b>Joseph Pettus</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>6</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>6-13-1876</b>
9. AGE (In years) <b>82</b>		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) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James O. Pettus</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>525-10-9943</b>	
17. INFORMANT <b>Miss Charlotte Pettus</b>		Address <b>Pueblo, Colo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic Heart Dis</b>			<b>20yrs</b>
DUE TO (c) <b>Arteriosclerosis</b>			<b>40yrs</b>
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? <b>2</b> 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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>June 1958</b> to <b>Oct 1958</b> and last saw him alive on <b>Sept 27, 1958</b>		Death occurred at <b>2:00</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>William M. Smith MD</b> (Degree or title)		22b. ADDRESS <b>Windsor, Mo.</b>	
22c. DATE SIGNED <b>10/10/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>10-9-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Belton</b>		(State) <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Ellis Huston</b>		ADDRESS <b>Windsor, Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>10 10-58</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

to symptoms with no listed.

300  
1-57

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 *Clifford Gouge* .....

Licensed Embalmer No. *5014* .....  
P. O. Address *Windsor, Md* .....

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.