

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024400
State File No.

FILED VS AUG 11 1959

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Thebes</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Rural RD # 2,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Vernon</u> c. (Last) <u>Petitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 4, 1939</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. Store</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Thebes, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Amel Petitt</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Edwards</u>		14. NAME OF HUSBAND WIFE <u>Sonja Petitt</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Peace time, NG</u>		16. SOCIAL SECURITY NO. <u>361-32-8955</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sonja Petitt, Thebes, Ill.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angio sarcoma, R. upper arm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with wide-spread metastases</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1972</u>			

19a. DATE OF OPERATION <u>5-20-59</u>		19b. MAJOR FINDINGS OF OPERATION <u>Excision biopsy of tumor mass - angio sarcoma</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-7, 1959, to 8-4, 1959, that I last saw the deceased alive on 8-4, 1959, and that death occurred at 9:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Cochran MD</u> (Degree or title)		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>8-7-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 7, '59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Thebes, Illinois</u>					

DATE REC'D BY LOCAL REG. <u>8-7-59</u>		REGISTRAR'S SIGNATURE <u>Dwene Kasten</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>I. I. Haman Cape Girardeau Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

563-0

JAN 21 1960

JAN 11 1960

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...L.L.Haman.....

Licensed Embalmer No. 2863.....

P. O. Address Cape Girardeau.....

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.