

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-025354

STATE FILE NUMBER 3272

FILED JUL 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3272

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| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY           |  | c. CITY OR TOWN KANSAS CITY  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION VA HOSPITAL |  | d. STREET ADDRESS (If outside, give location)<br>2532 Monroe   |  |

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|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>TRAVIS NMN PETTY |  |  | 4. DATE OF DEATH<br>Month Day Year<br>JULY 3 1959 |  |  |  |
|--|--|--|---|--|--|--|

|                |                           |   |                            |                                       |                                |                               |
|----------------|---------------------------|---|----------------------------|---------------------------------------|--------------------------------|-------------------------------|
| 5. SEX<br>Male | 6. COLOR OR RACE<br>Negro | 7. MARRIED <input type="checkbox"/> NEVER-MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br>2-6-91 | 9. AGE (In years last birthday)<br>68 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS<br>Hours Min. |
|----------------|---------------------------|---|----------------------------|---------------------------------------|--------------------------------|-------------------------------|

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|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Custodian | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br>Greenville, Texas 1 | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |
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|                                 |  |                             |
|---------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME<br>Sam Petty | 13b. MOTHER'S MAIDEN NAME<br>Frances Brigham | 14. NAME OF HUSBAND OR WIFE |
|---------------------------------|--|-----------------------------|

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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) Yes | 16. SOCIAL SECURITY NO.<br>10-26-17 16 3-22-19 500-03-1223 | 17. INFORMANT<br>Official Records, VA HOSPITAL, K.C., MO. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> |  | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) <u>Bleeding Gastric Ulcer</u>  |  |                                  |
| DUE TO (c) _____  |  |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Old myocardial infarction</u> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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.) |
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|---|--|--|--|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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<br>COUNTY STATE |
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| 21. Attended the deceased from<br>Death occurred at | 6-17-59 to 7-3-59<br>5:55 P m on the date stated above; and to the best of my knowledge, from the causes stated. |
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|--|---------------------|------------------------------------|----------------------------|
| 22a. SIGNATURE<br><i>J. A. Turner M.D.</i> | (Degree or title) 0 | 22b. ADDRESS<br>4801 LinWood Blvd. | 22c. DATE SIGNED<br>7-4-59 |
|--|---------------------|------------------------------------|----------------------------|

|   |                       |   |  |
|---|-----------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial | 23b. DATE<br>7-7-1959 | 23c. NAME OF CEMETERY OR CREMATORY<br>Highland Cemetery | 23d. LOCATION (City, town, or county) (Store)<br>Kansas City, Missouri |
|---|-----------------------|---|--|

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|---|--|---|
| 24. FUNERAL DIRECTOR<br>Mrs. Neek's Mortuary, K. C. Mo. | 25. DATE RECD. BY LOCAL REG.<br>7-4-59 | 26. REGISTRAR'S SIGNATURE<br><i>Neva Marshall</i> |
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All diseases in Part I must be causally related.

J. A. Turner 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 *Millard B. Parker* .....

Licensed Embalmer No. *5013* ....  
P. O. Address... *15 C. Mc* .....

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.