

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032916

FILED VS OCT 14 1959

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 89

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		Length of stay in 1b <b>44 yrs</b>	c. CITY OR TOWN <b>Lexington</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1203 Frances</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WINGFIELD</b> Middle <b>ALLEN</b> Last <b>PETTIT</b>	4. DATE OF DEATH Month <b>September</b> Day <b>29</b> Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>December 31 1898</b>	9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouse Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Variety Stores</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Kans.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles A. Pettit</b>	13b. MOTHER'S MAIDEN NAME <b>Nan Wingfield</b>	14. NAME OF HUSBAND OR WIFE <b>Gladys Grieser Pettit</b>
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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>491-20-1b84</b>	17. INFORMANT <b>Mrs. Gladys Pettit, Lexington, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Circulatory collapse</b>		<b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>congestive heart failure</b>	<b>2 days</b>
	DUE TO (c) <b>Carcinomatosis, site undetermined</b>	<b>months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour <b>1</b> a.m. Month, Day, Year	
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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 <b>Lexington, Missouri</b>	COUNTY <b>Missouri</b>	STATE
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21. I attended the deceased from **9/25/59** to **9/29/59** and last saw her **9-28-59** him alive on **9-28-59**.  
Death occurred at **1:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Ralph W. Riley MD</b>	22b. ADDRESS <b>Lexington, Missouri</b>	22c. DATE SIGNED <b>10/1/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/1/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>
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24. FUNERAL DIRECTOR <b>Garrist J. Gumpel</b>	25. DATE RECD. BY LOCAL REG. <b>10-5-59</b>	26. REGISTRAR'S SIGNATURE <b>Thomas E. Emblin</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1900

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Garnet F. Turner*

Licensed Embalmer No. *3273*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.