

# VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-039299

FILED VS DEC 10 1959

STATE FILE NUMBER

Registration District No. 60 Primary Registration District No. 4406 Registrar's No. 12

RENDERED

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jerico Springs</u>		Length of stay in 1b <u>65</u>	c. CITY OR TOWN <u>Jerico Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>JOSEPH ALLEN - PETTY</u>			4. DATE OF DEATH <u>12-3-1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-18-1894</u>	9. AGE (last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (City and state or country) <u>Jerico Springs, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.-9</u>
13a. FATHER'S NAME <u>D-I. PETTY</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>CLEETIS PETTY</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>495-07-3162</u>	17. INFORMANT <u>Mary Lou Petty, Jerico Springs, Mo</u>
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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: IMMEDIATE CAUSE (a) <u>Carcinoma of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Metastases from Stomach</u>	
	DUE TO (c)	

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
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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 _____ Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from Nov. 30 to 12-3-59 and last saw him alive on Dec 3 at 10 pm  
 Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <u>[Signature]</u> (Degree of M.D.)	22b. ADDRESS <u>Jerico Springs, Mo</u>	22c. DATE SIGNED <u>12-7-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-5-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cem</u>	23d. LOCATION (City, town, or county) (State) <u>3 1/2 S. W. Jerico Springs, Mo</u>
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24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Jerico Springs, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Norma Timmerman</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 16 1959

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 Mr. A. Long

Licensed Embalmer No. 3714

P. O. Address Jerico St.

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.