

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000861

FILED VS. FEB 15 1960 096

Primary Registration District No. Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY DALLAS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shepherd Turn		Length of stay in 1b		c. CITY OR TOWN ELKLAND MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1MI WEST		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ROY Middle PETTIGREW Last				4. DATE OF DEATH Month JAN Day 31 Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-20-1904	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME W.R. PETTIGREW			13b. MOTHER'S MAIDEN NAME ANNA WILKERSON			14. NAME OF HUSBAND OR WIFE OPAL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 489-36-9030		17. INFORMANT Address OPAL PETTIGREW ELKLAND MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide poisoning DUE TO (b) Engine + Heater left running for DUE TO (c) Several feet Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
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 checked="" 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.) Remained in sleep when					
20c. TIME OF INJURY Hour 1 Month, Day, Year a.m. 1-31-1960 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		COUNTY		STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) R.B. Jones Colonel					22b. ADDRESS Buffalo Mo			22c. DATE SIGNED 2-2-60	
23a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		23b. DATE 1-31-1960	23c. NAME OF CEMETERY OR CREMATORY PLEASANT VIEW		23d. LOCATION (City, town, or county) (State) WEBSTER CO MO				
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD				25. DATE RECD. BY LOCAL REG. 2/10/60		26. REGISTRAR'S SIGNATURE Mrs Vera Petree			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Leonard B Jones
Licensed Embalmer No. 250
P. O. Address Beaufort

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.