

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001182
STATE FILE NUMBER

FILED VS JAN 17 1961

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 4

AMENDED

1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howell			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains			Length of stay in lb 6 years		c. CITY OR TOWN West Plains		Inside Limits Yes <input type="checkbox"/> No <input 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) 1221 Jackson St.	
3. NAME OF DECEASED (Type or print) First William Middle A. Last Pettyjohn				4. DATE OF DEATH Month January Day 6 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-25-72	9. AGE (last birthday) 88	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) Retired Farmer and Stockman			10b. KIND OF BUSINESS OR INDUSTRY Stockman		11. BIRTHPLACE (City and state or country) Mtn. Home, Ark.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Byrd Pettyjohn			13b. MOTHER'S MAIDEN NAME Elizabeth Webber			14. NAME OF HUSBAND OR WIFE Mary Jane Pettyjohn	
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. None		17. INFORMANT Mrs. J. Byron Cochran, W. Plains, 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) Cerebral thrombosis DUE TO (b) Generalized arteriosclerosis Syrs DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 6 hours
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 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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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 1955 to 1/6/61 and last saw ^{her} him alive on 1/4/61 . Death occurred at 11am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. L. Fowler MD (Degree or title)				22b. ADDRESS West Plains Mo			22c. DATE SIGNED 1/10/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-8-1961	23c. NAME OF CEMETERY OR CREMATORY Mammoth Cemetery		23d. LOCATION (City, town, or county) (State) Mammoth, Missouri		
24. FUNERAL DIRECTOR Leard Carter Address West Plains Mo				25. DATE RECD. BY LOCAL REG. 1-14-61		26. REGISTRAR'S SIGNATURE Beatrice Cook	

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 *Selma Carter*

Licensed Embalmer No. 4516

P. O. Address *West Plains*

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.