

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020994
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 573-A

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 573-A

FILED JUL 5 1961

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in lb 5 WKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WEBSTER
c. CITY OR TOWN MARSHFIELD Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 3 MI NORTH Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last ELBERT S PETTY 4. DATE OF DEATH Month Day Year JUNE 10 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-21-1920 9. AGE (last birthday) 41 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINE MAN 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 LEWIS PETTY 13b. MOTHER'S MAIDEN NAME MATTIE WHITE 14. NAME OF HUSBAND OR WIFE GEORGIA LEE

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. _____ 17. INFORMANT Address GEORGIA LEE PETTY MARSHFIELD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Malignant lymphoma INTERVAL BETWEEN ONSET AND DEATH 18 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 12-7-59 to 6-10-61 and last saw him alive on 6-9-61
Death occurred at 6-10-61 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Andrew A. Barber M.D. Springfield Mo 22b. ADDRESS WEBSTER CO MO 22c. DATE SIGNED 6/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED 23b. DATE 6-10-1961 23c. NAME OF CEMETERY OR CREMATORY TIMBER RIDGE 23d. LOCATION (City, town, or county) (State) WEBSTER CO MO

24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD 25. DATE RECD. BY LOCAL REG. 6-26-61 26. REGISTRAR'S SIGNATURE Effie G. Melton

WESTFIELD MASS
JULY 1961
FETTY
MIRIAM
WESTFIELD MASS

WESTFIELD MASS
T. JONAS
ERBERT
MR. WHITE
KIMEMAN
ERIC FETTY

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 George Stapp

Licensed Embalmer No. 5161

P. O. Address Mr. Stapp

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.

WESTFIELD MASS