

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028457
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 859

AMENDED

FILED SEP 5 1961

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ANDREW	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		c. CITY OR TOWN ROSENDALE	
Length of stay in 1b 4 HRS.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI METHODIST		d. STREET ADDRESS (If outside, give location) 1/2 MI WEST	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BARTON Middle ELVIN Last PETTIJOHN			4. DATE OF DEATH Month AUGUST Day 25th Year 1961				
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 2/4/83	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR 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 GEN FARMING		11. BIRTHPLACE (City and state or country) ROSENDALE MO.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME BARTON W. PETTIJOHN			13b. MOTHER'S MAIDEN NAME SARAH COBB		14. NAME OF HUSBAND OR WIFE MYRA ELLEN PETTIJOHN		
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 OSCAR PETTIJOHN Address 7608 crescent KANSAS CITY MO.			

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 3 months
IMMEDIATE CAUSE (a) Arterio-sclerotic heart disease with congestive failure.		
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. <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.)			
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 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
---	--	------------------------------	--------	-------

21. I attended the deceased from **6-22-61** to **8-25-61** and last saw him alive on **8-25-61**
Death occurred at **9:15 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren Baker M. Savannah (Degree or title)	22b. ADDRESS Savannah, Missouri	22c. DATE SIGNED 8-28-61
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8/28/61	23c. NAME OF CEMETERY OR CREMATORY Savannah OREGON, MO.	23d. LOCATION (City, town, or county) SAVANNAH MO.	(State)
--	-----------------------------	---	--	---------

24. FUNERAL DIRECTOR James H. Pettijohn	25. DATE RECD. BY LOCAL REG. Aug. 29, 1961	26. REGISTRAR'S SIGNATURE Miss Clara Stoddell
---	--	---

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **W.L. Baker, M.D.** MEDICAL CERTIFICATION

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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon, Mo.

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.