

SCURRY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

10907-61-042783
STATE FILE NUMBER

AMENDED
 Registration District No. XC 73182 Primary Registration District No. SL1003 Registrar's No. _____

FILED DEC 1 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		Length of stay in 1b <u>17 HRS 9 MIN.</u>	c. CITY OR TOWN <u>MAPLEWOOD</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 <u>VAH, ST. LOUIS, MO.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7373 FLORA</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>THEODORE</u> Middle <u>C</u> Last <u>PETTIBONE</u>			4. DATE OF DEATH Month <u>11</u> Day <u>23</u> Year <u>61</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/25/25</u>	9. AGE (last birthday) <u>36</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>CINCUMBUS, OHIO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WALTER PETTIBONE</u>		13b. MOTHER'S MAIDEN NAME <u>NORMA HOLMES</u>		14. NAME OF HUSBAND OR WIFE <u>EILEEN PETTIBONE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES WW II

17. INFORMANT Address
EILEEN PETTIBONE (WIDOW) SEE # 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) CARCINOMA OF LUNG
 DUE TO (b) 163x
 DUE TO (c) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 AUTOBPPY 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

VA attended the deceased from 11/22/61 to 11/23/61 and last saw him alive on 11/23/61
 Death occurred at 6:28 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or Registrar)
Andrew W. McPherson M.D.

22b. ADDRESS
VAH, ST. LOUIS, MO.

22c. DATE SIGNED
11/23/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
11-27-61

23c. NAME OF CEMETERY OR CREMATORY
National Cemetery

23d. LOCATION (City, town, or county) (State)
Jefferson Bks. Mo.

24. FUNERAL DIRECTOR ADDRESS
JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.
NOV 24 1961

26. REGISTRAR'S SIGNATURE
Paul Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

OP
 Kolan L. Taylor
 Coroner 11-24-61

ST. LOUIS

FEB 1 1963

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 Melvin Barton

Licensed Embalmer No. 4903

P. O. Address St. Louis

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.