

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022257

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 35 Primary Registration District No. 4086 Registrar's No. 75

FILED JUN 26 1962

VS 300
Rev. 4/59

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2170

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Carroll	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Norborne	a. STATE Mo.	b. COUNTY Carroll
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 322 E 4th		Length of stay in lb 22 yrs.	d. STREET ADDRESS (If outside, give location) 322 E. 4th
3. NAME OF DECEASED (Type or print) First Middle Last Daisy Cleveland Petty		4. DATE OF DEATH Month Day Year June 21, 1962	
5. SEX Female	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 4-9-1885
9. AGE (last birthday) 77		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) Cabool, Mo.
12. CITIZEN OF WHAT COUNTRY U S A		13. FATHER'S NAME James Dunn	
14. MOTHER'S MAIDEN NAME Margaret Van Dyke		15. NAME OF HUSBAND OR WIFE Solomon Petty	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Calculated Heart Disease with congestive heart failure.		19. INTERVAL BETWEEN ONSET AND DEATH 15+ years	
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) Acute Cholelithiasis. Primary anemia.	
20. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		21. I attended the deceased from 4-4-41 to 6-21-62 and last saw her alive on 6-21-62 Death occurred at 10:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) RALPH E. HASKEWELL M.D. - James Skelton		22b. ADDRESS 212 South Pierce St. Non loque, Mo	
22c. DATE SIGNED 6-22-62		23. NAME OF CEMETERY OR CREMATORY Pauline Cemetery Rutledge Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-24-1962	
23c. LOCATION (City, town, or county) Missouri		23d. FUNERAL DIRECTOR Gibson Funeral Home Norborne, Mo.	
24. DATE RECD. BY LOCAL REG. 6-24-1962		25. REGISTRAR'S SIGNATURE Dell Morris Relf	

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.