Ronald

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037600
STATE FILE NUMBER

Registration District No. 17 Primary Registration District No. 3025 Registrar's No. 205

FILED NOV 13 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Butler — Length of stay in Ib: 7 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 612 E. Dakota — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Bates
c. CITY OR TOWN: Butler — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 612 E. Dakota — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First William Middle Harvey Last Petty
4. DATE OF DEATH: Month Nov. Day 1, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-5-1884
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months 7 Days 26 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (City and state or country): Hutchinson, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Petty
13b. MOTHER'S MAIDEN NAME: Mary Long
14. NAME OF HUSBAND OR WIFE: Julia Petty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Mexican Resurrection
16. SOCIAL
INFORMANT: Julia Petty Address: Butler, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — Interval between onset and death: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease.
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.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None
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.) None
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to 11-1-62 and last saw him alive on 11-1-62
Death occurred at 5:00A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas C. Powell (Degree or title) MD
22b. ADDRESS Butler, Mo
22c. DATE SIGNED 11-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-3-1962
23c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
23d. LOCATION (City, town, or county) (State): Butler, Mo.

24. FUNERAL DIRECTOR ADDRESS: Culver - Underwood Butler, Mo.
25. DATE RECD. BY LOCAL REG.: 11-3-62
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

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 John B Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Ind

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.