

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 1003 708

FILED JAN 31 1963

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Missouri			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 30 yrs.	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6188 McPherson	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas John Petty			4. DATE OF DEATH Month Day Year 1 21 1963		
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 11-27-1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Washington Univ.	11. BIRTHPLACE (City and state or country) Maesteg, Wales		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME David Petty		13b. MOTHER'S MAIDEN NAME Margaret Stevens		14. NAME OF HUSBAND OR WIFE Hellen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Mrs. Hellen Petty 6188 McPherson Ave.		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) acute cor pulmonale					acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic pulmonary emphysema					over 10 years
DUE TO (c) 5271					
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 checked="" type="checkbox"/> NO <input 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 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 002, 1951 to 1/19/63 and last saw her/him alive on 1/19/63 Death occurred at 2:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert Paine M.D.			22b. ADDRESS 5535 Delmar		22c. DATE SIGNED JAN 22 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-23-62	23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park		23d. LOCATION (City, town, or county) (State) Road Dist 5-1 Perry Co. Illinois	
24. FUNERAL DIRECTOR ADDRESS Schroeder Funeral Home Du Quoin, Ill		25. DATE RECD. BY LOCAL REG. JAN 22 1963	26. REGISTRAR'S SIGNATURE Road Smith, M.D.		

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Rev. 4/59

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THOMAS PETTY

MISSOURI DEPARTMENT OF HEALTH



THOMAS PETTY

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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 J. [Signature]

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

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.