

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024542

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3335 STATE FILE NUMBER

FILED JUL 5 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Jackson</p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 40 yrs</p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION King's Nursing Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Jackson</p> <p>c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 2711 Brooklyn Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last Norvella Burrell Pettus</p>	
<p>4. DATE OF DEATH Month Day Year 6 9 63</p>	
<p>5. SEX Female</p>	<p>6. COLOR OR RACE Negro</p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 5-1-1900</p>
<p>9. AGE (last birthday) 63</p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Under Presser</p>
<p>11. BIRTHPLACE (City and state or country) Crockett, Texas</p>	<p>12. CITIZEN OF WHAT COUNTRY U. S. A.</p>
<p>13a. FATHER'S NAME Ed Burrell</p>	<p>13b. MOTHER'S MAIDEN NAME Lourena Green</p>
<p>14. NAME OF HUSBAND OR WIFE Walter Pettus</p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None</p>
<p>16. SOCIAL SECURITY NO. </p>	<p>17. INFORMANT Lawrence Lewis 4406 Monroe Address</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Acute Coronary Occlusion</p> <p style="text-align: center;">DUE TO (b) Hypertension</p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.; etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from Jan. 7, 1963 to June 9, 1963 and last saw her alive on May 16, 1963</p> <p>Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) Bruce P. McDonald M.D.</p>	<p>22b. ADDRESS 2604 Prospect Avenue</p>
<p>22c. DATE SIGNED 6/11/63</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 6-14-63</p>
<p>23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn</p>	<p>23d. LOCATION (City, town, or county) (State) K. C. Mo.</p>
<p>24. FUNERAL DIRECTOR Jones & Stevens 2315 Linwood ADDRESS</p>	<p>25. DATE RECD. BY LOCAL REG. 6.12.63</p>
<p>26. REGISTRAR'S SIGNATURE Ruth H Long</p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **Bruce P. McDonald** MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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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 _____

Licensed Embalmer No. 4424

P. O. Address 2317 _____

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.

EM-111