

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31776**

FILED SEP 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **9448** PRIMARY REG. DIST. NO. **6024** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural - Polk</b>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 yrs.</b>		STREET ADDRESS (If rural, give location) <b>8 miles N.E. of Lawson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRED</b>	b. (Middle) <b>B</b>	c. (Last) <b>PETREE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 5 '56</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 19 1881</b>	9. AGE (In years last birthday) <b>74</b>	UNDER 1 YEAR Months <b>10</b> Days <b>19</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retired Coal Miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mining Coal</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tateville Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Wm. Petree</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Jackson</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Lillian Petree</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY # <b>495-07-6260</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lillian Petree Lawson</b>	ADDRESS <b>Lawson</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Maremmus &amp; Cardiac Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Prostate &amp; metastasis to pelvis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Elmira Ray Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1955, to Sept 5, 1956**, that I last saw the deceased alive on **Sept 5, 1956** and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clotis Buehner M.D.</b>	23b. ADDRESS <b>Lawson Mo</b>	23c. DATE SIGNED <b>9/7/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 7 '56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lawson Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lawson Mo</b>
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DATE REC'D BY LOCAL REG. <b>Sept 13 - 1956</b>	REGISTRAR'S SIGNATURE <b>M. Alul Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jarman-Richard</b>	ADDRESS <b>Lawson Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

29 0

SEP 13 1923

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 *Ralph E Van Landingham*

Licensed Embalmer No. *4021*  
*Greensburg, Mo*  
P. O. Address .....

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.