

No. 300
10.48

FILED JUL 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. **24093**

0890

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4447 Registrar's No. 68

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henrietta</u> | c. LENGTH OF STAY (in this place) <u>30 yrs.</u> | c. CITY OR TOWN <u>Henrietta</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Main St.</u> | | e. STREET ADDRESS (If rural, give location) <u>Main St.</u> | |

| | | | | | |
|---|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>LEE</u> c. (Last) <u>PETTUS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1954</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 2, 1870</u> | | 9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter & farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Elkhorn, Ray County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | | | | |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>John Richard Pettus</u> | | 13b. MOTHER'S MAIDEN NAME <u>Georgana Jackson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Augusta Delamater</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Augusta Pettus, Henrietta, Mo.</u> | |

| | | | | | |
|--|--|-------------------------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Disease</u> | | DUE TO (b) <u>Chronic Poisoning</u> | | <u>5 yrs.</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | <u>3 days</u> | |
| 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 <u>4221</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) _____ | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | | |

22. I hereby certify that I attended the deceased from June 1, 1949, to June 10, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

| | | | | | |
|--|--------------------------------|--|--|---------------------------------|--|
| 23a. SIGNATURE (Deceased or title) <u>Dr. J. R. R... All</u> | | 23b. ADDRESS <u>Richmond Mo.</u> | | 23c. DATE SIGNED <u>7/12/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 13, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u> | | |

| | | | | |
|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>July 12-1954</u> | REGISTRAR'S SIGNATURE <u>Maluel Jackson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thurman Funeral Home Richmond, Mo.</u> | |
|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

Miss. 126

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, ~~1913~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Tom L. Thurman*.....

Licensed Embalmer No. 4563....

P. O. Address...Richmond, 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.