

FILED APR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9200

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 27

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 or township) <b>Richmond Twnshp Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Richmond Twnshp</b>	
c. LENGTH OF STAY (in this place) <b>80 yrs.</b>		0890 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile W. of Henrietta</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile W. of Henrietta</b>	

3. NAME OF DECEASED (Type or Print) <b>AMANDA</b>	a. (First)	b. (Middle)	c. (Last) <b>PETTY</b>	4. DATE OF DEATH <b>March 24, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 8, 1860</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>16</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Household duties</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Knoxville, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edward Douglas</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Denton</b>	14. NAME OF HUSBAND OR WIFE <b>Randolph Petty</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 NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elizabeth McGinnis</b>	ADDRESS <b>Richmond, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs</b> <b>7 yrs</b> <b>7 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Sclerosis</b> DUE TO (c) <b>Hypertension</b>		
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 <b>443X</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Feb 10, 1951, to Mar 24, 1951**, that I last saw the deceased alive on **Mar 24, 1951**, and that death occurred at **7:45 a.m.**, from the causes and on the date stated above.

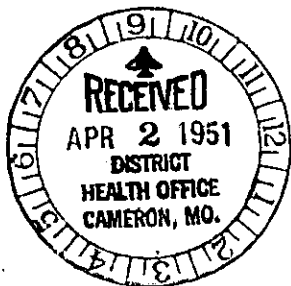
23a. SIGNATURE <b>D. E. P. Ferrell A. D. D.</b>	23b. ADDRESS <b>Richmond Mo</b>	23c. DATE SIGNED <b>3/26/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (✓)</b>	24b. DATE <b>Mar. 26, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Richmond, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 26 1951</b>	REGISTRAR'S SIGNATURE <b>Malie Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thurman Funeral Home</b>	ADDRESS <b>Richmond, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0690



**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 .....  
Student Embalmer

Signed Wm. 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 this body is not embalmed, fact should be so stated above.