

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

2267

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>221</u>		PRIMARY REG. DIST. NO. <u>4332</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lupus, Mo</u> <u>Linn</u>		c. LENGTH OF STAY (In this place) <u>36 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lupus, Mo</u> <u>Linn</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lupus, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Lupus, Mo</u> <u>0680</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Oliver</u>		b. (Middle) <u>Quinton</u>		c. (Last) <u>Pettigrew</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 1953</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>Jan 22 1870</u>		9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>11</u> DAYS <u>28</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>			
13a. FATHER'S NAME <u>James T. Pettigrew</u>		13b. MOTHER'S MAIDEN NAME <u>Harritt Jane Duncon</u>		14. NAME OF HUSBAND OR WIFE <u>Letitia Pettigrew</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. H. Pettigrew</u> <u>Moniteau</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>4500</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Lupus Moniteau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1, 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>11/50Pm.</u>			
22. I hereby certify that I attended the deceased from <u>May 1, 1953</u> , to <u>Jan. 19, 1953</u> , that I last saw the deceased alive on <u>Jan. 18, 1953</u> , and that death occurred at <u>11/50Pm.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. H. Bawson D.O.</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>1/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/22/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-22-53</u>		REGISTRAR'S SIGNATURE <u>Yada Snow</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl Boutin California</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Earl Bonkin*

Licensed Embalmer No.

*2126*

P. O. Address

*California*

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.