

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27565

State File No.

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Crawford Twp.</u>) c. LENGTH OF STAY (In this place) <u>20 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Crawford Twp.)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>Linn, Mo.. RFD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Pennington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1949</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>Sept. 1, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Osage County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Tom Pennington</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Branson</u>		14. NAME OF HUSBAND OR WIFE <u>Dolly Keeney</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>WW I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dolly Pennington</u> ADDRESS <u>Linn, Mo. RFD</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>58 10</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Portal Cirrhosis</u>		
	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"/>
------------------------	-----------------------------------	--

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 Aug 27, 1949, to Aug 27, 1949, that I last saw the deceased alive on Aug 27, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Romanus Baldwin V. D.O.</u>	23b. ADDRESS <u>Linn, Mo.</u>	23c. DATE SIGNED <u>8-30-49</u>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn Public</u>	24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>SEPT 2-1949</u>	REGISTRAR'S SIGNATURE <u>T.A. Ormoult</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u> ADDRESS <u>Linn, Mo.</u>
---	---	---

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

15
0

District File Number _____
District Health Officer No. 9,
RECEIVED
SEP 7 1916

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 Vernon M. Merton

Licensed Embalmer No. 4125

P. O. Address Levin, 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.