

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **841**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 109

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1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon</u>	
c. LENGTH OF STAY (in this place) <u>171 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O'Reilly VA Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Con</u> b. (Middle) <u>O.</u> c. (Last) <u>Pennock</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 5 1950</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 30, 1888</u>		9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>	
11. BIRTHPLACE (State or foreign country) <u>Vilander, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>George A. Pennock</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Pennock</u>	
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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) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>488 16 6619</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA Clinical Records Springfield, Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS <u>1. Cor pulmonale. 2. Bronchiectasis. 3. Entero colitis, ulcerative.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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?	

22. I hereby certify that I attended the deceased from August 18, 1949, to February 5, 1950, that I fully and fully attended the deceased at the VA Hospital, and that death occurred at 5:00 pm., from the causes and on the date stated above.

23. SIGNATURE <u>Robert M. Pisele</u> Chief (Degree or title)		23b. ADDRESS <u>O'Reilly VA Hospital Springfield, Missouri</u>		23c. DATE SIGNED <u>2-6-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2/7/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bourbon Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Bourbon, Mo</u>					

DATE REC'D BY LOCAL REG. <u>2-7-50</u>		REGISTRAR'S SIGNATURE <u>W. J. Landley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Sharpe</u>	
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Harry Lynn
Licensed Embalmer No. *4594*
P. O. Address *Springfield, Mo.*

Signed.....
Student Embalmer

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.