

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2872

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St Louis
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2197
d. STREET ADDRESS (If rural, give location) 19 4496 Maryland

3. NAME OF DECEASED
a. (First) Alice b. (Middle) Maude c. (Last) Penn
4. DATE OF DEATH (Month) (Day) (Year) 1 8 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2
8. DATE OF BIRTH 10-3-1869 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY AT Home
11. BIRTHPLACE (State or foreign country) Hancock Co / Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Ritchey 13b. MOTHER'S MAIDEN NAME Elitha M. Pherson 14. NAME OF HUSBAND OR WIFE Merton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Rester Penn ADDRESS Oklahoma City Okla

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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PANCREATITIS, ACUTE
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
COLONARY ARTERY HEART DISEASE
DIABETES MELLITUS
11. 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 NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H2O

22. I hereby certify that I attended the deceased from DEC 26, 1950, to JAN 8, 1951, that I last saw the deceased alive on JAN 8, 1951, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Speck M.D. (Degree or title) 23b. ADDRESS 35 N. Central Clayton 23c. DATE SIGNED 1-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 1-11-51 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Kahoka Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 10 1951 REGISTERAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 1104 Manchester Ave. St. Louis 10, Mo.

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 *J. Allen Davis Jr*
Licensed Embalmer No. *4053*
P. O. Address *Otheris 101*

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.