

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8735

State File No. _____

FILED MAR 17 1951

No. 300
10-48

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|--|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. <u>871</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>15 Yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>1709 E. 33 St.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> | | b. (Middle) <u>Louise</u> | | c. (Last) <u>Pennington</u> | |
| | | 4. DATE OF DEATH (Month) <u>2</u> (Day) <u>23</u> (Year) <u>51</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Nov. 5 1872</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Green Winfrey Green</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Winfrey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Benjamin Pennington</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 <u>Mr Harley Pennington</u> ADDRESS <u>Shawnee, Kansas</u> | |
| 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 | | |
| | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | | | ANTECEDENT CAUSES Morbid 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. | | |
| 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 checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |
| 22. I hereby certify that I attended the deceased from <u>Jan. 5, 1951</u> , to <u>Feb. 23, 1951</u> , that I last saw the deceased alive on <u>Feb. 23, 1951</u> , and that death occurred at <u>7:45 P. m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>S. L. Burns</u> (Degree or title) _____ | | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>2-24-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Feb. 26 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Hutchinson, Kansas</u> |
| DATE REC'D BY LOCAL REG. <u>2-26-51</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster</u> ADDRESS <u>Kansas City, Missouri</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

M. ...

D. ...

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 *J. King Herdick*

Licensed Embalmer No. *3599*

P. O. Address *KL No*

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.

Printed Name of Student Embalmer _____