

FILED MAY 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. **13008**

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BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) "Madison" 0490	
c. LENGTH OF STAY (In this place) 1/2 hour		d. STREET ADDRESS (If rural, give location) Reeds #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			

3. NAME OF DECEASED (Type or Print) Jerry Wayne Pennington		4. DATE OF DEATH (Month) (Day) (Year) April 27 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 29, 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME J.D. Pennington	13b. MOTHER'S MAIDEN NAME Gladys Long	14. NAME OF HUSBAND OR WIFE J.D. Pennington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.D. Pennington Reeds #1

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Convulsion, Cause unknown		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

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) 7802
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 **once at 10:00 AM, 4-26-51**, 19**51**, to _____, 19____, that I last saw the deceased alive on **4-26**, 19**51**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Knott M.D.	23b. ADDRESS Jasper, Mo.	23c. DATE SIGNED 4-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 29th April	24c. NAME OF CEMETERY OR CREMATORY Foskin Cem.	24d. LOCATION (City, town, or county) (State) Jasper County, Mo
DATE REC'D BY LOCAL REG. 4-28-51	REGISTRAR'S SIGNATURE L. B. Clenton M.D.	25. FUNERAL DIRECTOR'S SIGNATURE L. C. Clifton	ADDRESS Carthage, Mo.

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

RECEIVED 5-1-51
Sevier County Health Office

County File Number 51/4/359

Date Filed 5-1-51

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 [Signature]

Licensed Embalmer No. 731

P. O. Address Carthage, 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.