

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17044

State File No. 3028

Registrar's No. 123

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028	
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 town) Carthage		c. LENGTH OF STAY (in this place) On Arrival	c. CITY (If outside corporate limits, write RURAL and give township) "Rural" Sheridan 0496		
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital			d. STREET ADDRESS (If rural, give location) Route #1 Jasper		
3. NAME OF DECEASED (Type or Print) a. (First) Purl		b. (Middle) Buster	c. (Last) PENNINGTON		4. DATE OF DEATH (Month) (Day) (Year) May 25, 1951
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 1, 1890	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR 11 Months 23 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (State or foreign country) Stotts City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Asa Pennington		13b. MOTHER'S MAIDEN NAME Mary Benton		14. NAME OF HUSBAND OR WIFE Julia 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. 499-07-2306	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Julia Pennington Rt. #1 Jasper, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH 8 Hours
			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. <i>Coroner's Investigation</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/201				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) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:55A, from the causes and on the date stated above.					
23a. SIGNATURE <i>D. D. Daughan M.D. Deputy Coroner</i>			23b. ADDRESS Joplin, Mo.		23c. DATE SIGNED 5-25-1951
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE May 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery		24d. LOCATION (City, town, or county) (State) N. E. of Carthage, Mo	
DATE REC'D BY LOCAL REG. 5-26-51	REGISTRAR'S SIGNATURE <i>LKS Hunter</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48493  
0

RECEIVED 5-28-51  
Jasper County Health Office

County File Number 51/5/433  
Date Filed 5-28-51

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 \_\_\_\_\_  
Gene. C. Pugh.

Licensed Embalmer No. 4231

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.