

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>	
c. LENGTH OF STAY (in this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cassville, Community</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SANFORD</u>		b. (Middle) <u>SAMUEL</u> c. (Last) <u>PENNELL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 9 - 1951</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>am. white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-12-1877</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Barry Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>James T. Pennell</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Furlough</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Louisa Pennell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Pennell Purdy, Mo.</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive heart failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>48</u> , to <u>Nov. 9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 9</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Mary Newman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cassville, Mo.</u>	
23c. DATE SIGNED <u>11-14-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-13-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	
24d. LOCATION (City, town, or county) (State) <u>Butterfield, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Koon, Cassville, Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>Nov 15 - 1951</u>		REGISTRAR'S SIGNATURE <u>Opore Williams</u>	

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

050
0

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 19 1951

Dist. File 11-21-2077

Date Filed 11-23-51

NOV 22 1951

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 W. C. Koon

Signed.....
Student Embalmer

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.