

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19781

State File No.

FILED JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 10,2

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass 50191</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Harrisonville</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Harrisonville</u>	
c. LENGTH OF STAY (In this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>304 East Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1000 Butler Drive</u>			

3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Saffron</u> c. (Last) <u>Pennington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 - 1952</u>		
---	--	--	--	--	--

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb 7, 1873</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
------------------	-----------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Lakue Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13. FATHER'S NAME <u>John Mills</u>	13a. MOTHER'S MAIDEN NAME <u>Catherine Larkins</u>	14. NAME OF HUSBAND OR WIFE <u>James Pennington</u>
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Pennington</u>	ADDRESS <u>Harrisonville Mo.</u>
---	-------------------------------------	---	----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Intestinal Obstruction</u>		
	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 <u>5705</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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

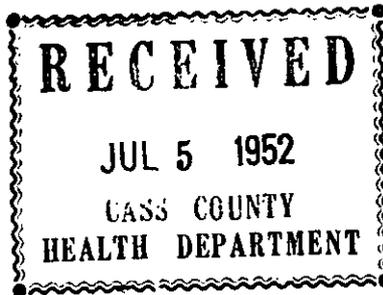
22. I hereby certify that I attended the deceased from June 30, 1952, to July 1, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul H. Green D.O.</u>	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>7-2-52</u>
--	--	--------------------------------

24a. BURIAL OR CREMATION (Specify) <u>Burial</u>	24b. DATE <u>July 3 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hessant Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 3, 1952</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin...</u>	ADDRESS <u>Harrisonville Mo.</u>
--	---	--	----------------------------------

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 Hayet Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.

Mo.