

STANDARD CERTIFICATE OF DEATH

19972

State File No.

10-48

JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 6873 Registrar's No. 33

0320

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

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maysville, R. Camden</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville, Rural, Camden</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, IO, Mi, N.W. of town</u>			d. STREET ADDRESS (If rural, give location) <u>IO, Mi, N.W. of town</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Merton</u>	b. (Middle) <u>Edgar</u>	c. (Last) <u>Pennington</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June, 24 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb, 12, 1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days <u>4 13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm & School</u>	11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James Pennington</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Abbott</u>		14. NAME OF HUSBAND OR WIFE <u>Matilda Pennington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 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 ADDRESS <u>Matilda Pennington Maysville Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypostatic pneumonia</u>				3 days
	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 <u>4500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>June 1, 1952</u> , to <u>June 21, 1952</u> , that I last saw the deceased alive on <u>June 21, 1952</u> , and that death occurred at <u>11</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>James H. ...</u>			23b. ADDRESS <u>Maysville Mo.</u>	23c. DATE SIGNED <u>7-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-27-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Independance</u>	24d. LOCATION (City, town, or county) (State) <u>Hemple Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-4-52</u>	REGISTRAR'S SIGNATURE <u>Roscoe ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>	ADDRESS <u>Maysville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

1952
OCT 1

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.....
Student Embalmer

Signed

John Brown

Licensed Embalmer No. **3933**

P. O. Address **Maysville 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.