

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20779**

State File No. ....

**FILED JUN 29 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 704

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Buchanan</u>	b. CITY OR TOWN <u>St. Joseph</u>	a. STATE <u>Kansas</u>	b. COUNTY <u>Doughan</u>
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY OR TOWN <u>Edwood</u> <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>122 1/2 No. 2nd Street</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>Pennington</u>	c. (Last) <u>Pennington</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
				<u>6 20 1953</u>

<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>8 4 1856</u>	<b>9. AGE</b> (In years last birthday) <u>96</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life even if retired) <u>Blacksmith</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Blacksmithy</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>East Onshack. Ky. 1</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
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<b>13a. FATHER'S NAME</b> <u>Clayborne Pennington</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Not Known</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Julia Griffin Pennington</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Irene Henderson</u>	<b>ADDRESS</b> <u>122 1/2 No. 2nd</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 day</u>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Cerebral Hemorrhage</u>	<b>DUE TO (b)</b> <u>General Arteriosclerosis</u>		<u>10 yrs.</u>
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Joseph, Mo.</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I signed the deceased from on 6/23, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:50 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>H. F. Mundy, M.D. (Coroner)</u>	(Degree or title) <u>3</u>	<b>23b. ADDRESS</b> <u>St. Joseph, Mo.</u>	<b>23c. DATE SIGNED</b> <u>6/23/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>6 25 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ashland Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>June 26, 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Kathleen M. Allison</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Wm. H. Alexander</u>	<b>ADDRESS</b> <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St Joseph

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.