

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38721**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **15**

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| 1. PLACE OF DEATH a. COUNTY Atchison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison | |
| b. CITY (If outside corporate limits, write RURAL and give township) Fairrax | | c. CITY (If outside corporate limits, write RURAL and give township) Rockport | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital | | d. STREET ADDRESS (If rural, give location) County Home | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) E c. (Last) Penny | 4. DATE OF DEATH Feb-12-1954 |
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|--------------------|----------------------------|--|--|---|-----------------------------------|---------------------------------|
| 5. SEX Male | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH June-4-1876 | 9. AGE (In years, last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Gen Farming | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? US |
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| 13a. FATHER'S NAME Abraham Penny | 13b. MOTHER'S MAIDEN NAME Mary Muntz | 14. NAME OF HUSBAND OR WIFE Laura B Penny |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME Dean Penny | ADDRESS Blanchard, Iowa |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral thrombosis | | 3 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) | | 20 years. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | 332X |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **Jan**, 1954, to **Feb 12**, 1954, that I last saw the deceased alive on **Feb 12**, 1954, and that death occurred at **9 A m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE W. Wallace Cooper M.D. | 23b. ADDRESS Rock Port, Mo | 23c. DATE SIGNED 2-23-54 |
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| 24a. BURIAL, CREMATION, REBURYAL (Specify) Burial | 24b. DATE Feb 15-1954 | 24c. NAME OF CEMETERY OR CREMATORY Hunter Cemetery | 24d. LOCATION (City, town, or county) (State) Rockport, Missouri |
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| DATE REC'D BY LOCAL REG Feb 27, 1954 | REGISTRAR'S SIGNATURE Harwin J. Schaefer | 25. FUNERAL DIRECTOR'S SIGNATURE Westboro, Mo | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

80 30 0

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 _____

Scott Tucker

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.