

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14794**BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY OR TOWN Maitland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 3 hrs.		e. STREET ADDRESS (If rural, give location) 6 mi. East of Mound City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hosp.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Howard	b. (Middle) Franklin	c. (Last) Penny	(Month) May	(Day) 6	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1870	9. AGE (In years last birthday) 84	# UNDER 1 YEAR 0 Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) White Cloud, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Penny	13b. MOTHER'S MAIDEN NAME Letitia Pilkington	14. NAME OF HUSBAND OR WIFE Ida S. Penny
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Penny, Maitland, Missouri

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, asthma, 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) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 None	19b. MAJOR FINDINGS OF OPERATION 4201	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 **May 6, 1954** to **May 6, 1954** that I last saw the deceased alive on **May 6, 1954**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F E Logan MD	23b. ADDRESS Mound City, Mo	23c. DATE SIGNED 5-7-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/8/1954	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery
		24d. LOCATION (City, town, or county) (State) Mound City, Missouri

DATE REC'D BY LOCAL REG. May 11, 1954	REGISTRAR'S SIGNATURE Harwin A. Schaefer	25. GENERAL DIRECTOR'S SIGNATURE Wm. Crawford	ADDRESS Mound City, Mo
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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.....
Signature of Student Embalmer

Signed *James H. Crawford*.....

Licensed Embalmer No. *4796*

P. O. Address *Thousand Oaks*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.