

No. 300  
10.48

FILED AUG 25 1954

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **28094**

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>136</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>539 Catherine</u>		<u>05220</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Henery</u> c. (Last) <u>Pennington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12, 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH (Last birthday) <u>Oct 16, 1947</u>	
9. AGE (In years) <u>6</u> If under 1 year: Months _____ Days _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Francis Pennington</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Doremam</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mr. Francis Pennington Lebanon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture urinary bladder</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple contusions (auto accident)</u> DUE TO (c) <u>Intracranial injury</u>  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>4 hrs.</u> <u>4 hrs.</u>	
19a. DATE OF OPERATION <u>8/12/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rupture urinary bladder</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) <u>053</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 12 54 5Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>auto accident</u>			
22. I hereby certify that I attended the deceased from <u>8/12/54</u> to <u>8/12/54</u> , that I last saw the deceased alive on <u>8/12/54</u> , and that death occurred at <u>9:00Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F.H. Johnson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Lebanon, Mo</u>		23c. DATE SIGNED <u>8-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-15-1954</u>		REGISTRAR'S SIGNATURE <u>Wella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W.P. Akmer Lebanon, Mo.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

Received AUG 21 1954  
Laclede County Health Unit  
File No. 8-57-131  
Date Filed AUG 24 1954

**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

*Stanley R. Palmero*

Licensed Embalmer No. 4810

P. O. Address Ligon, 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.