

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4434

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>319 W. 5th. St. 03620</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADELL</u> b. (Middle) <u>ROSE</u> c. (Last) <u>PENSURUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 19, 1900</u>	9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.) <u>54 4 23</u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, when it rested) <u>Home Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Louis Giles</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Steffens</u>	14. NAME OF HUSBAND <u>Raymond B. Pensurum</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond B. Pensurum</u>	ADDRESS <u>Washington, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkin's Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 Mo.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	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 _____	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) (Min.) _____	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 6/10, 1954, to 2/12, 1955, that I last saw the deceased alive on 2/11, 1955, and that death occurred at 7:45 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Michael T. Keffrich, M.D.</u> (Degree or title)	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED <u>2/12/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 14, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2/14/55</u>	REGISTRAR'S SIGNATURE <u>J.P. Heidmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nichols &amp; Williams</u>	ADDRESS <u>Washington, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 3 1955

APR 3 1956

FEB 21 1957

**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 *Lester A. Pitt*.....  
Licensed Embalmer No. *325*

P. O. Address *Washington*

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.