

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8358

State File No. 1006

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1006

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 26 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		STREET ADDRESS (If rural, give location) 7037 MONTGALL AVENUE	

3. NAME OF DECEASED (Type or Print) a. (First) LESTER		b. (Middle) A		c. (Last) PENNOCK		4. DATE OF DEATH (Month) (Day) (Year) March 4, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug 26, 1887	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Brown Pat Co		11. BIRTHPLACE (City and State or Foreign Country) Fort Scott, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME DEXTER LEE PENNOCK		13b. MOTHER'S MAIDEN NAME Emma Moffitt		14. NAME OF HUSBAND OR WIFE Myrtle E. PENNOCK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. 487-03-6130		17. INFORMANT'S SIGNATURE OR NAME Myrtle E. PENNOCK 7037 MONTGALL AVE	

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, asphemia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-U-A		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH SCORDED	
ANTECEDENT CAUSES		DUE TO (b)					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Cerebral Neoplasm		Cerebral Neoplasm		Tissue Obstruction	
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"/>	
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)		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 1-25, 1955, to 3-4, 1955, that I last saw the deceased alive on 3-3, 1955, and that death occurred at 5:45A.M., from the causes and on the date stated above.

23a. SIGNATURE P. C. Quistgard (Deceased or title)		23b. ADDRESS 6254 Piquette KS Mo		23c. DATE SIGNED 3-5-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 7, 1955		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	
24d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		24e. (State)		25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMERS SONS BRUSH CREEK BLVD	
DATE REC'D BY LOCAL REG. 3-5-55		REGISTRAR'S SIGNATURE Dewa Marshall		1338 ADDRESS R.C.M.O.	

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.....
Signature of Student Embalmer

Signed *Albert F. Savage*
Licensed Embalmer No. *481*

P. O. Address *Kenia, C.*

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.