

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12102**
Registrar's No. **1551**

FILED APR 28 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **002**

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 township) OR Kansas City		c. LENGTH OF STAY (in this place) 50 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION 1811 Kansas		STREET ADDRESS (If rural, give location) 1811 Kansas	
3. NAME OF DECEASED (Type or Print) Clarence		a. (First) Clarence	b. (Middle) Peniston
4. DATE OF DEATH (Month) (Day) (Year) April 5, 1955		5. SEX male	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 2, 1887		9. AGE (in years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) caretaker		10b. KIND OF BUSINESS OR INDUSTRY Central Bank	
11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Peniston		13b. MOTHER'S MAIDEN NAME Emma Farley	
14. NAME OF HUSBAND OR WIFE Ernestine Peniston		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. 487-07-6331-2		17. INFORMANT'S SIGNATURE OR NAME Ernestine Peniston	
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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LIVER		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF STOMACH		UNKNOWN	
DUE TO (c) NONE		15 1/2	
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 —	
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 JAN 7 , 1955, to APRIL 5 , 1955, that I last saw the deceased alive on APRIL 5 , 1955, and that death occurred at 11 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE William Edelman (Degree or title) Dr. William Edelman D.O.		23b. ADDRESS 3315 PROSPECT	
23c. DATE SIGNED 4/7/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE April 9, 1955	
24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 4-7-55		REGISTRAR'S SIGNATURE neva minshall	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home		ADDRESS 18th Benton	

(Licensed Embalmer's Statement on Reverse Side)

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

27-1A

Signed *Bruce A. Watkins*

Licensed Embalmer No. *40*

P. O. Address *15th Street*

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.