

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14798

FILED JUN 2 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 326

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harviell rural</u> OR TOWN <u>Beaver Dam</u> <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harviell, rural, Beaver Dam</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rt. 1. Harviell, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charlie</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Penny</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 19, 1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 17, 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Gainesville, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Penny</u>	13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Ettie May Penny</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>-----</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ettie May Penny</u> ADDRESS <u>Rt. 1. Harviell, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhages</u>		<u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>331X</u>		<u>Undetermined</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>-----</u>	19b. MAJOR FINDINGS OF OPERATION <u>-----</u>	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)
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?

22. I hereby certify that I attended the deceased from May 12, 1955, to May 19, 1955, that I last saw the deceased alive on May 19, 1955, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Smith</u> (Degree or title) <u>Do.</u>	23b. ADDRESS <u>Nashville, Mo.</u>	23c. DATE SIGNED <u>5-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kensie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harviell, Missouri Rt. 1.</u>
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DATE REC'D BY LOCAL REG. <u>5/24/55</u>	REGISTRAR'S SIGNATURE <u>DR Muehle</u> <u>489</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell-Ermert</u> ADDRESS <u>Corning, Ark.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAY 31 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____

..... Me Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed..... *Richard O. Emmerich*

Licensed Embalmer No. 782

P. O. Address Corning, Arkansas

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.