

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 15 1955

State File No. **34100**

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> b. CITY OR TOWN <u>Wyatt</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Junction HW. H.H. & E.E.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> c. CITY OR TOWN <u>Wyatt</u> d. STREET ADDRESS (If rural, give location) <u>Wyatt, Mo.</u>	
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3. NAME OF DECEASED (Type or Print) <u>Margaret</u>	a. (First) <u>Margaret</u>	b. (Middle) <u>Fields (Sams)</u>	c. (Last) <u>Penrod</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Feb. 17, 1914</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Wyatt, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Albert Fields</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Mason</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Penrod</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>98 12 9937</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Penrod, Wyatt, Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Open skull fracture, chest injuries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car truck collision</u> DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8161</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Highway</u>	21c. CITY, TOWN, OR TOWNSHIP <u>Wyatt</u>	21d. COUNTY <u>Mississippi</u>	21e. STATE <u>Mo.</u>
21d. TIME OF INJURY <u>10-14-55 5P. m.</u>	21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21g. HOW DID INJURY OCCUR? <u>Car & truck collision</u>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00P m., from the causes and on the date stated above.

23. SIGNATURE <u>Mavis Shelby</u>	23b. ADDRESS <u>Coroner - East Prairie Mo</u>	23c. DATE SIGNED <u>10-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/16/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/8/55</u>	REGISTRAR'S SIGNATURE <u>Jean Heames</u>	FUNERAL DIRECTOR'S SIGNATURE <u>The Nurmelee Funeral Chapel</u> (Licensed Embalmer's Statement on Reverse Side)
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Charleston, Mo.

NOV 10 REC'D

RECEIVED

Miss. Co. Health Dep.

County File No.

Date Filed NOV 12 1955

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 Edward E. Munnell

Licensed Embalmer No. 4164

P. O. Address Silveston, W.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.