

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4083

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4607 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY OR TOWN El Dorado Spgs. 4 La.		c. CITY OR TOWN El Dorado Spgs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Emergency Hosp.		e. STREET ADDRESS Rt. #3	

3. NAME OF DECEASED (Type or Print) Joseph Edger Pannebecker			4. DATE OF DEATH (Month) (Day) (Year) 2-14-56		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-20-1875	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
-------------	------------------------	--	-----------------------------	------------------------------------	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Christian Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	-------------------------------------

13a. FATHER'S NAME Sala Pannebecker	13b. MOTHER'S MAIDEN NAME Dora Sutton	14. NAME OF HUSBAND OR WIFE Lena Pannebecker
-------------------------------------	---------------------------------------	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Lena Pannebecker - El Dorado Spgs.	ADDRESS
---	------------------------------	--	---------

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 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	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 12-24, 1955, to 2-14, 1956, that I last saw the deceased alive on 2-14, 1956, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Robert L. Mager M.D.	23b. ADDRESS El Dorado Springs, Mo.	23c. DATE SIGNED 2-17-56
-------------------------------------	-------------------------------------	--------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 2-17-56	24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery El Dorado Spgs. Mo.	24d. LOCATION (City, town, or county) (State)
---	-------------------	---	---

DATE REC'D BY LOCAL REG. 2-17-56	REGISTRAR'S SIGNATURE George W. Mager	418	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edwin Brothers - El Dorado Spgs. Mo.
----------------------------------	---------------------------------------	-----	---

(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

Signed..... *May W. Dickering* .....

Licensed Embalmer No... *469* .....

P. O. Address *J. Daniels* .....

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.