

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19553

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <del>49</del> <u>49</u>			
1. PLACE OF DEATH a. COUNTY <b>Bollinger</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Boll</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lutesville</b>		c. LENGTH OF STAY (In this place) <b>1 Day</b>		c. CITY OR TOWN <b>Lutesville,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>00 90</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>			b. (Middle) <b>Catherine</b>			c. (Last) <b>Penturf,</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>June 19 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>			
8. DATE OF BIRTH <b>Mar, 7th 1872</b>		9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>14</b>		IF UNDER 24 HRS. Hours <b>4</b> Min. <b>0 m.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lafayette, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Benjamin Winters,</b>			13b. MOTHER'S MAIDEN NAME <b>Huffman</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. C. Penturf, Lutesville, MO</b>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) <b>794x</b>					
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 <u>June 18, 1956</u> , to <u>June 19, 1956</u> , that I last saw the deceased alive on <u>June 18, 1956</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Design or title) <b>E. C. Master, D. H. A. Advance, MO.</b>				23b. ADDRESS		23c. DATE SIGNED <b>June 23 56</b>			
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) <b>Burial</b>		24b. DATE <b>June 22nd 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Barks Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>Crump MO</b>			
DATE REC'D BY LOCAL REG. <b>June 25, 1956</b>		REGISTRAR'S SIGNATURE <b>Mrs. Leland L. Crain</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Baker Funeral Home, Lutesville MO</b>		ADDRESS			

(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 *A. J. Baker*.....

Licensed Embalmer No. *937*.....

P. O. Address *Tutaville*.....

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.