

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30089

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5204 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bosworth "rural" Rockland, 8 miles</u>		c. CITY OR TOWN <u>Bosworth "rural" Rockland township</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address & location) HOSPITAL OR INSTITUTION		0170	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>	b. (Middle) <u>AUBURN</u>	c. (Last) <u>PENNINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 23 - 1956</u>
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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>June 2 - 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>	IF UNDER 24 HRS. 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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>De Witt, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>James M. Pennington</u>	13b. MOTHER'S MAIDEN NAME <u>Anna E. Huffman</u>	14. NAME OF HUSBAND OR WIFE <u>Aris Pennington</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>494-40-4931</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Henry Pennington</u>	ADDRESS <u>Bosworth, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>
	ANTECEDENT CAUSES Morbidity 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 conditions causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 15, 1955, to Sept 23, 1956, that I last saw the deceased alive on Sept 23, 1956, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. P. O'Neil, M.D.</u>	23b. ADDRESS <u>Hale, Mo</u>	23c. DATE SIGNED <u>9-24-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Sept. 25-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	24d. LOCATION (City, town, or county) (State) <u>De Witt, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 25-1956</u>	REGISTRAR'S SIGNATURE <u>Pearl Koch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph & Edmund Boworth, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

47-0

OCT 21 1958

FEB 27 1958

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 *Daird J. Edwards*.....

Licensed Embalmer No. *3265*

P. O. Address *Bonworth W.*

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.