No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31474

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4341 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wellsville
c. LENGTH OF STAY (In this place) 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 118 S. East Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Montgomery
c. CITY OR TOWN Wellsville
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location) 118 S. East Street

0700

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) William
c. (Last) PENROD JR.

4. DATE OF DEATH (Month) (Day) (Year) Sept. 26 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jun. 8 1909
9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR: Months 3 Days 18 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY Special Road Dist.
11. BIRTHPLACE (City and State or Foreign Country) Cherokee County, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George William Penrod
13b. MOTHER'S MAIDEN NAME Ella Browning
14. NAME OF HUSBAND OR WIFE Mrs. Helen Penrod
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-07-2953
17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Penrod **ADDRESS** Wellsville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 26, 1956, *to* Sept 26, 1956 *that I last saw the deceased alive on* Sept 26, 1956, *and that death occurred at* 5:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Wellsville Mo
23c. DATE SIGNED 9/28/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/28/56
24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery
24d. LOCATION (City, town, or county) (State) Wellsville, Montg. Mo

DATE REC'D BY LOCAL REG. 901-56
REGISTRAR'S SIGNATURE Mrs Gertrude Romano
25. FUNERAL DIRECTOR'S SIGNATURE [signature] **ADDRESS** Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

524
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed T. B. Wells

Licensed Embalmer No. 58

P. O. Address Wellsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.