

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42227**

FILED JAN 9 1957

BIRTH NO. _____		REG. DIST. NO. 279		PRIMARY REG. DIST. NO. 4343		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Montgomery					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence Mo		c. LENGTH OF STAY (In this place) 40yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence Mo		d. STREET ADDRESS (If rural, give location) none			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) none					
3. NAME OF DECEASED (Type or Print) MARTHA Frances Penn			a. (First) Frances			b. (Middle) Penn			
4. DATE OF DEATH Dec 28 th 1956			c. (Last) Penn			4. DATE (Month) (Day) (Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-II-1881		9. AGE (In years last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Warren County Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Geo W. Patton			13b. MOTHER'S MAIDEN NAME Sallie Subelette			14. NAME OF HUSBAND OR WIFE Charlie Penn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. card lost		17. INFORMANT'S SIGNATURE OR NAME Mrs Claude Davis			ADDRESS New Florence 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation of Ventricles of Heart				INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arterio Sclerosis Degenerative								3 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE N (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"/>	
21d. TIME OF INJURY		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 Sept 2 , 1953, to Dec 28 , 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE James O. Helm: MD (Degree or title)				23b. ADDRESS New Florence Mo			23c. DATE SIGNED 12-31-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-30-56		24c. NAME OF CEMETERY OR CREMATORY Montgomery City		24d. LOCATION (City, town, or county) (State) Montgomery City Mo			
DATE REC'D BY LOCAL REG Jan 2-1957		REGISTRAR'S SIGNATURE Laura B. Callaway			25. FUNERAL DIRECTOR'S SIGNATURE M. H. Williams ADDRESS MONTGOMERY CITY MO				

(Licensed Embalmer's Statement on Reverse Side)

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

500

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 on the 28 th day of Dec 1956

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

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