

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7554

State File No.

FILED MAR 25 1957

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amoret</u>		c. CITY OR TOWN <u>Amoret 0070</u>	
c. LENGTH OF STAY (in this place) <u>34 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Violet</u> b. (Middle) <u>Lorene</u> c. (Last) <u>Penny</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-57</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-11-1923</u>		9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months Days		IF OVER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Amoret, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Charles Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>Katie Reed</u>			14. NAME OF HUSBAND OR WIFE <u>Harley Penny</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles Griffin, Amoret, MO.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Gun-shot wound, head</u>						<u>15 min.</u>	
		ANTECEDENT CAUSES							
		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				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Amoret Bates Mo.</u>	
21d. TIME OF INJURY <u>5:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot by husband.</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dorval J. Donald, M.D., Coroner</u>		23b. ADDRESS <u>Bates, Mo.</u>		23c. DATE SIGNED <u>3/16/57</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-17-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Benjamin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Amoret, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar. 17-57</u>		REGISTRAR'S SIGNATURE <u>Rendell Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Archer & Mangold, Amsterdam, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

17-0

APR 10 1951

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 *Robert L. Mangold*

Licensed Embalmer No. 4972

P. O. Address LaCygne, .. Ka

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.