

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20369

State File No. _____

FILED JUN 26 1957

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5232 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY Cass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY Cass

b. CITY OR TOWN Rural Union c. LENGTH OF STAY (in this place) 2 years

c. CITY OR TOWN Cleveland d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Barn on home place

e. STREET ADDRESS (If rural, give location) 1/4 mile West Cleveland Mo

3. NAME OF DECEASED
a. (First) CARSON b. (Middle) _____ c. (Last) PENNY

4. DATE OF DEATH June-12-1957

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH June 10-1947

9. AGE (In years last birthday) 10 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Denver Colo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chester Carson Penny

13b. MOTHER'S MAIDEN NAME Isabelle Harrison

14. NAME OF HUSBAND OR WIFE None

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. None

17. INFORMANT'S SIGNATURE OR NAME Chester C. Penny ADDRESS Cleveland, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia
ANTECEDENT CAUSES accidental Hanging
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 sudden

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? 2
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Union Twp Cass MO

21d. TIME OF INJURY 6 12 57 P.M.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Accidentally fell from barn window caught head in door nose

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 1 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Beard Jander (Crown)

23b. ADDRESS Pleasant Hill, Mo

23c. DATE SIGNED 6/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 14-1957

24c. NAME OF CEMETERY OR CREMATORY Warrensburg Mo

24d. LOCATION (City, town, or county) (State) Warrensburg Mo

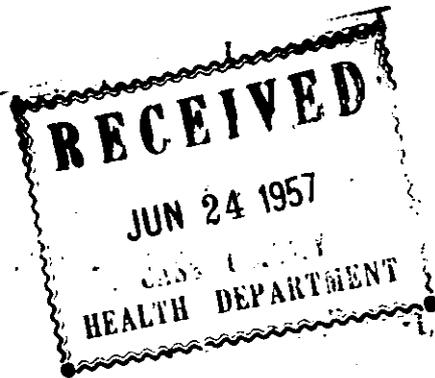
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 15, 1957 Dora Barward

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. E. Myers Cleveland Mo

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

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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo. E. Myers*.....

Licensed Embalmer No. *251*.....

P. O. Address... *Cleveland*.....

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.