FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30764

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 73

1. PLACE OF DEATH

a. COUNTY: Barry County

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cassville — Inside Limits: Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sunset Valley Rest Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Barry

c. CITY OR TOWN: Exeter — Inside Limits: Yes X No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First James Middle Andrew Last Pennington

4. DATE OF DEATH: Month Sept. Day 19 Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: Sept. 20, 1876

9. AGE (In years last birthday): 80 — 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): Section Hand

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Carroll County, Arkansas

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

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT: O.L.Pennington — Address: El Paso, Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Fracture R Humerus & clavicle — 2 weeks

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan. 1946, to Sept 1957 and last saw her/him alive on Sept 18-1957. Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gaguerus Do

22b. ADDRESS: Cassville, Mo

22c. DATE SIGNED: 9-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 23, 1957

23c. NAME OF CEMETERY OR CREMATORY: Maplewood Cemetery

23d. LOCATION (City, town, or county) (State): Exeter, Missouri

24. FUNERAL DIRECTOR: Culver's — ADDRESS: Cassville, Missouri

25. DATE RECD. BY LOCAL REG.: 9-25-1957

26. REGISTRAR'S SIGNATURE: Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

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...00 X ...-56

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...0-0

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 957-175

DATE REC. 9-30-57

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Margaret C. Hem

Licensed Embalmer No..4

P. O. Address..Cass

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