

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

464

FILED FEB 11 1958

STATE FILE NUMBER

Registration District No. 49 Primary Registration District No. 5185 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macks Creek</b>		c. CITY OR TOWN <b>Macks Creek</b>	
c. FULL NAME OF (IF NOT in hospital, give location) INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b></b> Last <b>Pennel</b>		4. DATE OF DEATH Month <b>1</b> Day <b>21</b> Year <b>58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 3, 1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>73</b> IF UNDER 1 YEAR: Months <b>1</b> Days <b>18</b> IF UNDER 24 HRS.: Hours <b></b> Min. <b></b>
11. BIRTHPLACE (City and state or country) <b>Omaha Nebr</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Henry Muller</b>		14. MOTHER'S MAIDEN NAME <b>Emma Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Ed Pennel</b>		Address <b>Macks Creek Mo</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Vascular Schlerosis</b>			<b>indefinite</b>
DUE TO (c) <b>Diabetic Gangrene -Right foot &amp; Leg</b>			<b>20 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>260X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b></b> Month, Day, Year a. m. <b></b> p. m. <b></b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>June 1955</b> to <b>January 21</b> and last saw her/him alive on <b>9</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Ann Pennel M.D.</b>		22b. ADDRESS <b>Unknown</b>	
22c. DATE SIGNED <b>2/5/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>1/26/58</b>	<b>Green</b>	<b>Macks Creek, Mo</b>
24. FUNERAL DIRECTOR <b>Hedges Funeral Homes Inc Iberia, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>2-7-58</b>	26. REGISTRAR'S SIGNATURE <b>Alde R. Eldred</b>

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Name of Deceased .....  
 Address of Deceased .....  
 City .....  
 State .....  
 Date of Death .....  
 Cause of Death .....  
 Place of Death .....  
 Name of Embalmer .....  
 Address of Embalmer .....  
 City .....  
 State .....  
 Date of Embalming .....  
 Place of Embalming .....

**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 *Walter O. Hedger*.....  
 Licensed Embalmer No. *42*.....  
 P. O. Address *Grove, Mo.*.....

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.