

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038712
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 378 Primary Registration District No. 6285 Registrar's No. 40

S. 300
1-57

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Secretary, coronary, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mountain Grove (twp)		c. CITY OR TOWN Mountain Grove	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3		Length of stay in lb life	
3. NAME OF DECEASED (Type or print) Oma Jane Penner		4. DATE OF DEATH Month October Day 17 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 5, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and state or country) Rising, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J.C. Huff		13b. MOTHER'S MAIDEN NAME Lucy Murphy	
14. NAME OF HUSBAND OR WIFE Frank Penner		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Frank Penner Mountain Grove, Missouri	
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 Infarction			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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 10-15-58 to 10-17-58 and last saw her alive on 10-17-58 Death occurred at 4:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <i>[Address]</i>	
22c. DATE SIGNED 10-20-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/19/1958	
23c. NAME OF CEMETERY OR CREMATORY Penner Cemetery		23d. LOCATION (City, town, or county) (State) Douglas County, Missouri.	
24. FUNERAL DIRECTOR Barber Funeral Home		25. DATE RECD. BY LOCAL REG. 10-29-1958	
ADDRESS Mtn. Grove, Missouri		REGISTRAR'S SIGNATURE <i>[Signature]</i>	

Date Filed 11-6-59

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 *George Stapp* _____

Licensed Embalmer No. *3161* _____

P. O. Address *Mt. Laurel, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.