

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012485

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 191

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley		
b. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Naylor <u>0910</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P. Bluff Hosp.		Length of stay in lb 1 week	d. STREET ADDRESS Gen. Del (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mattie XX Jane Pennington			4. DATE OF DEATH Month Day Year March 27, 1959		
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 Dec. 26, 1873	9. AGE (In years last birthday) 85	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Ripley County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Grand Raper		13b. MOTHER'S MAIDEN NAME Catherine Lamb		14. NAME OF HUSBAND OR WIFE William Pennington	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address William Pennington Naylor, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis Peritonitis DUE TO (b) Thrombosis Mesenteric Veins / week DUE TO (c) 5702 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Resection Terminal Sigmoid Colon					INTERVAL BETWEEN ONSET AND DEATH 1 week
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 Month, Day, Year a.m. p.m.					
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 <u>26 Mar 59</u> to <u>27 Mar 59</u> and last saw her alive on <u>27 Mar 59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. Brockman MD</i> (Degree or title)			22b. ADDRESS <i>321 Oak Poplar Bluff Mo</i>		22c. DATE SIGNED <i>9 April 59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/29/1959	23c. NAME OF CEMETERY OR CREMATORY Naylor Masonic Cem		23d. LOCATION (City, town, or county) (State) Naylor, Mo
24. FUNERAL DIRECTOR Edwards-Parrent		ADDRESS F. H. Naylor, Mo.	25. DATE REC'D. BY LOCAL REG. 4/18/59	26. REGISTRAR'S SIGNATURE <i>R. M. ...</i>	

All diseases in Part I must be causally related. Use only black ink or ribbon typewriter if possible. Medical certification. Do not use any standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gene Starnent*

Licensed Embalmer No. *4809*

P. O. Address *Wayles, 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.