

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021623

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 2692

STATE FILE NUMBER

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTT</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>KANSAS CITY</u>            |  | Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1619 GENESEE</u> |  | Street <u>2674 S</u>  | (If outside, give location) ADDRESS <u>304 EVERETT</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|  |                                    |   |   |  |   |
|--|------------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>JAMES HENRY PENIGAR</u>                                    |                                    |   | 4. DATE OF DEATH Month Day Year<br><u>5-29-1959</u>                       |  |   |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>COLORED</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>MARCH 27, 1901</u>                                 | 9. AGE (In years last birthday) <u>58</u>                    | IF UNDER 1 YEAR<br>Months Days Hours Min.     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>PORTER</u>           |                                    | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>HOTEL</u>   | 11. BIRTHPLACE (City and state or country)<br><u>COLUMBIA COUNTY, ARK</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.B.</u> |
| 13a. FATHER'S NAME<br><u>DOCK PENIGAR</u>  |                                    | 13b. MOTHER'S MAIDEN NAME<br><u>EMMA KINGSBY</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>DON'T KNOW</u>             |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> |                                    | 16. SOCIAL SECURITY NO.<br><u>495-03-8865</u>   |   | 17. INFORMANT Address<br><u>PEARLIE CANNON - K.C., KANS.</u> |   |

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Pulmonary Edema</u> |                                       |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>Chronic Myocarditis</u> |  |   |
|   | DUE TO (c) <u>Arteriosclerosis</u>    |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4221</u>              |                                       |  | 19. WAS AUTOPSY PERFORMED?<br>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 Month, Day, Year<br>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 _____, to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |   |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 22a. SIGNATURE<br><u>Deputy Coroner L. M. Minshall, M.D.</u> |  | 22b. ADDRESS<br><u>1618 India Ave</u>         |  | 22c. DATE SIGNED<br><u>5/29/59</u>                     |  |
| 23a. BURIAL, CREMATION, REMOVAL<br><u>REMOVAL</u>            |  | 23b. DATE<br><u>6-2-1959</u>                  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>WEST LAWN</u> |  |
| 24. FUNERAL DIRECTOR<br><u>BROWN-HUDSON - K.C., MO.</u>      |  | 25. DATE RECD. BY LOCAL REG.<br><u>6-1-59</u> |  | 26. REGISTRAR'S SIGNATURE<br><u>Neva Minshall</u>      |  |

L. M. Minshall 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 *Laurence A. Jones* .....

Licensed Embalmer No. *442* .....

P. O. Address *238 4th Ave  
C. F. Row* .....

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.