

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039251

FILED VS. DEC 11 1959

STATE FILE NUMBER

RECEIVED

Registration District No. 25 Primary Registration District No. 3011 Registrar's No. 89

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Carroll		b. CITY (If outside corporate limits, give TOWNSHIP only) Carrollton		a. STATE Missouri		b. COUNTY Carroll	
Length of stay in lb 2 Weeks		c. CITY OR TOWN Bogard		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Staton Hospital				d. STREET ADDRESS None			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Leota		Middle Sheets		Last Penny		Month Day Year December 5 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 8-26-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 Housekeeper		11. BIRTHPLACE (City and state or country) Carrollton, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Phillip Sheets			13b. MOTHER'S MAIDEN NAME Sara White		14. NAME OF HUSBAND OR WIFE Luther Penny		
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. None		17. INFORMANT Address Miss Edrie Penny, Kansas City Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocardial infarction						10 years	
DUE TO (b) Caustic factors							
DUE TO (c) Unknown							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 Nov 22/59 to Dec 5/59 and last saw her alive on Dec 5/59 . Death occurred at Co. St. J. P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Of informant) Edrie Penny				22b. ADDRESS Staton, Mo. Carrollton, Mo		22c. DATE SIGNED 12/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Carrollton, Missouri		
24. FUNERAL DIRECTOR ADDRESS Dickerson Funeral Home, Bogard, Mo.				25. DATE RECD. BY LOCAL REG. 12-7-59		26. REGISTRAR'S SIGNATURE Miss Herbert Caerney	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Samuel M. Rice, Student Embalmer No. 577

working under my personal supervision.

Student

Samuel M. Rice

Signature of Student Embalmer

Signed

P. M. Marshall Jr

Licensed Embalmer No. 4469

P. O. Address

Carrollton

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.