

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002389

FILED VS JAN 17 1961

Registration District No. 221 Primary Registration District No. 3048 Registrar's No. 17

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Maryville		Length of stay in 1b 29 days	c. CITY OR TOWN Guilford
c. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Inside Limits
3. NAME OF DECEASED (Type or print) Wesley C. Pennington		4. DATE OF DEATH Month 1 Day 5 Year 1961	
5. SEX male	6. COLOR OR RACE Cau	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-29-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. nurseman		10b. KIND OF BUSINESS OR INDUSTRY Nursey	9. AGE (last birthday) 92
11. BIRTHPLACE (City and state or country) Sandy Hook, Tex		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Nelson Pennington		13b. MOTHER'S MAIDEN NAME Jane Berry Carter	
14. NAME OF HUSBAND OR WIFE none		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. unknown		17. INFORMANT May Oliver, Guilford, 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) Cerebral Hemorrhage DUE TO (b) Thrombosed Arteriosclerosis DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Sudden unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nov. 9, 1960 - Fracture of right hip			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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at home.	
20c. TIME OF INJURY Hour 9:45 Month, Day, Year Nov. 9, 1960		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION MARYVILLE, MISSOURI	
21. I attended the deceased from Nov. 9, 1960 to JAN. 5, 1961 and last saw him alive on JAN. 5, 1961 Death occurred at 9:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) W.R. Jackson M.D.	
22b. ADDRESS MARYVILLE, MISSOURI		22c. DATE SIGNED 1-10-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-7-1961	23c. NAME OF CEMETERY OR CREMATORY Weathermon Cem.	23d. LOCATION (City, town, or county) (State) Guilford, Mo.
24. FUNERAL DIRECTOR Atchison Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 1-10-61	26. REGISTRAR'S SIGNATURE Bess Holt

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 M. Ochs

Licensed Embalmer No. 5114

P. O. Address Maryville, TN

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.

TI 100-10-01-1