

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-040358

STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 446

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>                                       |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Cape Girardeau</u> | Length of stay in 1b<br><u>37 hours</u> | c. CITY OR TOWN <u>Scott City</u>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>SE Mo Hosp</u>                                  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)  |

|   |                                  |   |  |  |
|---|----------------------------------|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>GROVER CLEVELAND PENNY</u>                             |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Nov 14, 1961</u>          |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept 5, 1889</u>                            | 9. AGE (last birthday)<br><u>72</u>                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RR engineer</u>     |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Rail Road</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Oak Ridge, Mo</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                          |
| 13a. FATHER'S NAME<br><u>Erin Penny</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Julie</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Minnie Hartree</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.   |  | 17. INFORMANT<br>Address<br><u>Mrs Minnie Penny Scott City, Mo</u> |

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                                       |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u>  |
| IMMEDIATE CAUSE (a) <u>Subarachnoid Hemorrhage</u>   |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>erythremia</u><br>DUE TO (c) _____ |  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |   |
|---|---|--|---|
| 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                       | 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 3-7-61 to 11-14-61 and last saw <sup>her</sup> him alive on 11-14-61  
 Death occurred at 8:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                              |  |  |                                     |
|--|------------------------------|--|--|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Dr Marshall Jung MD</u>   |                              | 22b. ADDRESS<br><u>Jellmo, Mo</u>                          |  | 22c. DATE SIGNED<br><u>11/17/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Buried</u>       | 23b. DATE<br><u>11/17/61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Cape Girardeau, Mo</u> |                                     |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>BISPLINGHOFF FUNERAL HOME</u> |                              | 25. DATE RECD. BY LOCAL REG.<br><u>11-20-61</u>            | 26. REGISTRAR'S SIGNATURE<br><u>Gene Kasten</u>                            |                                     |

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF  
ITEM NO.

NOV 29 1961

**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 Oliver P. Amick

Licensed Embalmer No. 4470

P. O. Address Illms, 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.