

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044966

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6434

STATE FILE NUMBER

AMENDED

FILED JAN 8 1967

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 4 DAYS	c. CITY OR TOWN Kansas City North Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 905 E. 83rd St. North Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle NICHOLAS Last PENNINGTON			4. DATE OF DEATH Month December Day 21 Year 1961			
5. SEX Male	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 9/29/78	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Benton County Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME O. C. Pennington		13b. MOTHER'S MAIDEN NAME JULIA MORGAN		14. NAME OF DECEASED'S WIFE Susie Pennington		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address **Susie Pennington, 905 E. 83rd St. No. Kansas City No. 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)	aspiration pneumonia	INTERVAL BETWEEN ONSET AND DEATH	1d
DUE TO (b)	duodenal diverticulitis		5-6d
DUE TO (c)	secondary pancreatitis & common bile duct obstruction		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
aortic stenosis

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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20c. TIME OF INJURY
Hour a.m. p.m. 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
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21. I attended the deceased from **Dec 19-61** to **Dec 21-61** and last saw him alive on **Dec 21-61**
Death occurred at **12:40 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Hartwig MD (Degree or title)	22b. ADDRESS 701 E 63rd St. No. Kansas City, Mo.	22c. DATE SIGNED Dec 22-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 23, 1961	23c. NAME OF CEMETERY OR CREMATOR Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo ADDRESS 1331 Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 12-23-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF F. H. Hartwig 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 *Ben W. Hickey*

Licensed Embalmer No. *12345*

P. O. Address *ACMS*

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.