

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005623

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 55 Primary Registration District No. 5011 Registrar's No. 17  
**FILED FEB 25 1963**

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
10171				
201712				
3				
4 0				
5 1				
6				
7 0				
8 2				
9451X				
10	BY AFFIDAVIT OF		MEDICAL CERTIFICATION	DOCUMENT
11				
125-2				
132-0				

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carrollton</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Carrollton</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Carroll Co. Memorial Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>815 N. Park</b>
3. NAME OF DECEASED (Type or print) First <b>FREDERICK</b> Middle <b>O.</b> Last <b>PENNINGTON</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>16</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/28/1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	9. AGE (last birthday) <b>73</b>
13a. FATHER'S NAME <b>T. J. Pennington</b>		14. NAME OF HUSBAND OR WIFE <b>Ada G. Pennington</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Mrs. F. O. Pennington, Carrollton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Rupture of aorta</b> DUE TO (c) <b>Calcification of aorta</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b> <b>2 weeks</b> <b>Historical</b>	
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 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 _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
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.)	
21. I attended the deceased from <b>2-9-63</b> to <b>2-16-63</b> and last saw him alive on <b>2-16-63</b> . Death occurred at <b>12:30 P. A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edward R. Smith M.D.</b>		22b. ADDRESS <b>1879 E. N. Carrollton, Mo.</b>	22c. DATE SIGNED <b>2-18-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/18/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Dewitt Mo.</b>
24. FUNERAL DIRECTOR <b>Gibson Funeral Home, Carrollton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-18-1963</b>	26. REGISTRAR'S SIGNATURE <b>Mary Dean</b>

**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 James F. Tibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.