

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017207

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 72

FILED MAY 7 1963	
1. PLACE OF DEATH	
a. COUNTY RAY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (if outside corporate limits, give TOWNSHIP only) Richmond Twp.	a. STATE Mo. b. COUNTY RAY
Length of stay in 1b 4 WEEKS	c. CITY OR TOWN GRAPE GROVE Twp.
c. FULL NAME OF (If NOT in hospital, give location) RAY COUNTY MEM. HOSPITAL	d. STREET ADDRESS (If outside, give location) HARDIN - RT. 1.
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First William	Middle Jordan
Last Penny	4. DATE OF DEATH MAY 1, 1963
5. SEX MALE	6. COLOR OR RACE WHITE
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 29, 1871
9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) RAY COUNTY, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME ALFRED PENNY	13b. MOTHER'S MAIDEN NAME JENNIE PENNY
14. NAME OF HUSBAND OR WIFE ELENAORA PENNY (DIED)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO
16. SOCIAL SECURITY NO.	17. INFORMANT FLOYD PENNY - HARDIN, Mo. RT. 1.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Heart failure left side first
DUO TO (b)	Taxiphobia
DUO TO (c)	Multiple Decubiti ulcers
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
Fractured hip 1 mo. previous	
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 - 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 1955 to present and last saw ^{him} alive on 4-30-63 Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) W.D. Burchard, M.D.	22b. ADDRESS Richmond, Mo.
22c. DATE SIGNED 5-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE May 3, 1963
23c. NAME OF CEMETERY OR CREMATORY New Hope Cem	23d. LOCATION (City, town, or county) Ray Co Mo
24. FUNERAL DIRECTOR BORCHARDING FUN. Home - HARDIN, Mo.	25. DATE RECD. BY LOCAL REG. 5-4 1963
26. REGISTRAR'S SIGNATURE Malcolm Jackson	

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 August Borcherting

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.