

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039228

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 4086 Registrar's No. 115

FILED NOV 8 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
1. PLACE OF DEATH a. COUNTY Carroll		a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) Tina, Length of stay in 1b		c. CITY OR TOWN Tina Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home north par town. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Tina, Missouri Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MABEL JANE PENNINGTON			4. DATE OF DEATH Month Day Year Oct. 26th, 1963.
5. SEX F	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 5/17/1904
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 5 Days 9 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Warrensburg, Missouri.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Hoxie	
13b. MOTHER'S MAIDEN NAME Nancy Jane Harrison		14. NAME OF HUSBAND OR WIFE Lawrence J. Pennington	
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. no	
17. INFORMANT Lawrence J. Pennington, Tina, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary occlusion acute			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetes mellitus, arteriosclerotic heart disease chronic pyelonephritis.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____	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 1959 to _____ and last saw her live on 9/13/63 Death occurred at 12:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Douglas Kelley MD		22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 10/29/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/29/1963	23c. NAME OF CEMETERY OR CREMATORY RockBranch Cemetery	23d. LOCATION (City, town, or county) Tina, Missouri. (State)
24. FUNERAL DIRECTOR Clifford W. Austin, F-H Tina, Mo.		25. DATE RECD. BY LOCAL REG. Oct 31-63	26. REGISTRAR'S SIGNATURE Mary Dean

DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 10170
 20170
 3
 4 1
 5 1
 6
 7 0
 8 2
 9 1/200
 10
 11
 12 90-0
 13 20
 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

MISSOURI DEPARTMENT OF HEALTH

License No. _____

Expires _____

and

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 _____

Clifford W. Austin
Clifford W. Austin.

Clifford W. Austin.

Licensed Embalmer No. #3233

P.O. Address _____ Tina, Missouri.

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.