RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 18 1960 53 — Registration District No. — Primary Registration District No. 0-0-0-0 — Registrar's No. 162 — 60-014484 STATE FILE NUMBER

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DOCUMENT

BY AFFIDAVIT OF

1. **PLACE OF DEATH**
   a. COUNTY: Cape Girardeau
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SHAWNEE-T.W.S. — Length of stay in 1b: 77yrs.
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: New Bethel Community — Inside Limits: Yes ☐ No ☒

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo — b. COUNTY: Cape Girs
   c. CITY OR TOWN: Rural — Inside Limits: Yes ☐ No ☒
   d. STREET ADDRESS (If outside, give location): 3mi. North Neelys Landing — Reside on Farm: Yes ☒ No ☐

3. **NAME OF DECEASED** (Type or print): First: Clinton — Middle: — Last: Penrod

4. **DATE OF DEATH**: Month: April — Day: 6, — Year: 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6/28/82

9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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): Cape Gir. County, Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wm. Penrod

13b. MOTHER'S MAIDEN NAME: Georgia McCain

14. NAME OF HUSBAND OR WIFE: Hannah Penrod

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.:

17. INFORMANT Address: Dennis Penrod Cape Girardeau, Mo.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Parkinson's Disease	5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	5 yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 June 1952, to April 6, 1960 and last saw her/him alive on Feb. 15, 1960. Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C.F. McDonald MD.

22b. ADDRESS: Jackson, Mo.

22c. DATE SIGNED: 4-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 10 60

23c. NAME OF CEMETERY OR CREMATORY: New Bethel

23d. LOCATION (City, town, or county) (State): Rt. 4, Jackson Mo

24. FUNERAL DIRECTOR ADDRESS: A. Crawford Jackson, Mo

25. DATE RECD. BY LOCAL REG.: 4-16-1960

26. REGISTRAR'S SIGNATURE: Irene Kantens

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed [signature]

Signature of Student Embalmer

Licensed Embalmer No. 4327

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.