

Health,
& Welfare
S. Public
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S. 300
v. 1-56

Secretary of the Missouri State Board of Health, St. Louis, Mo. 64101. This form is required by 193.140 MOKS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44876
STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 160 Primary Registration District No. JIV Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Piedmont		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mtn. View Nursing Home		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Henry Middle Howard Last Pennington			4. DATE OF DEATH Month Dec. Day 1 Year 1957		
5. SEX Male <input checked="" type="checkbox"/>	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 Nov 2, 1873	9. AGE (In years last birthday) 84	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 (Retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Pennington			14. MOTHER'S MAIDEN NAME Mary Frye		
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. None		17. INFORMANT Address Elizabeth Pennington, Piedmont, 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) Cardiovascular Disease					INTERVAL BETWEEN ONSET AND DEATH Worse 3 Wks.
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(n) 4221					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. _____			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 6-12-1956 to 12-1-1957 and last saw him alive on 11-30-57 Death occurred at 12-1-57 10:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. A. D. Small, M.D.			22b. ADDRESS Crystal City, Mo.		22c. DATE SIGNED 12-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Mann Cemetery		23d. LOCATION (City, town, or county) (State) Annapolis, Missouri
24. FUNERAL DIRECTOR ADDRESS Gish Funeral Home, Piedmont, Mo.			25. DATE RECD BY LOCAL REG. 12-7-57	26. REGISTRAR'S SIGNATURE Jesse A. [Signature]	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 11 1957

DEC 24 1957

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 *Keith B. Vignard*

Licensed Embalmer No. *497*

P. O. Address *Festus*

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.