

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**65-031710**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 144 Primary Registration District No. 5564 Registrar's No. 85

**FILED SEP 1 1965**

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF
1 0470							
2 0470							
3							
4 0							
5 1							
6							
7 0							
8 0							
9 420.1							
10							
11							
12 90-0							
13 1-0							

1. PLACE OF DEATH a. COUNTY <u>Iron County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Vulcan, Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Yulcan</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Highway BB.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Highway BB.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Acie</u> Middle <u>C.</u> Last <u>Pennington</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>23</u> Year <u>1965</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/12/1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>11</u> IF UNDER 24 HR: Hours <u></u> Min. <u></u>
11a. BIRTHPLACE (City and state or country) <u>Reynolds County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry H. Pennington</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mann Pennington</u>	
14. NAME OF HUSBAND OR WIFE <u>Lena Joines Pennington</u>		17. INFORMANT Address <u>Mrs. Lena Pennington, Vulcan, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>1918</u> (Yes, No or unknown) <u>Yes</u> <u>WWI, July-November</u>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary thrombosis</u> DUE TO (b) <u>arteriosclerosis + hypertension</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	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 <u>1961</u> to <u>Aug 23, 1965</u> and last saw her alive on <u>8-4-65</u> Death occurred at <u>10:15</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>William Coder M.D.</u>		22b. ADDRESS <u>Piedmont, Mo.</u>	22c. DATE SIGNED <u>8-27-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/25/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mann Cemetery</u>	23d. LOCATION (City, town, or county) <u>Annapolis, Mo.</u>
24. FUNERAL DIRECTOR <u>William Coder</u> ADDRESS <u>Piedmont, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-28-65</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Janice</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

SEP 13 1965  
SEP 1 1965

FILED

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 Cooper Funeral Home, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Cooper

Licensed Embalmer No. 3723

P. O. Address Piedmont

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.