

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045246

STATE FILE NUMBER

FILED DEC 24 1958

Registration District No. 297

Primary Registration District No. 6021

Registrar's No. 138

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>RAY</b>	
b. CITY OR TOWN <b>GRAPE GROVE</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>HARDIN</b> 0890 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b> Length of stay in lb <b>60 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. 1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ELEONORA</b> Middle <b>TEMPLE</b> Last <b>PENNY</b>			4. DATE OF DEATH Month <b>DEC.</b> Day <b>18</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 6, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	9. AGE (In years last birthday) <b>77</b> FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>RAY COUNTY, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>ELI SPITZER</b>		13b. MOTHER'S MAIDEN NAME <b>HARRIET RADER</b>	
14. NAME OF HUSBAND OR WIFE <b>WILLIAM PENNY</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT <b>FLOYD PENNY - HARDIN, Mo.</b> 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) <b>Cerebral Accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 HRS</b>
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) <b>331X</b>			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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION _____		20f. COUNTY _____ STATE _____	
21. I attended the deceased from <b>12-1-58</b> to <b>12-18-58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>12-18-58</b> Death occurred at <b>3:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. E. Gray M.D.</b> (Degree or title)		22b. ADDRESS <b>Richmond Mo</b>	
22c. DATE SIGNED <b>12-19-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-19-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NEW HOPE CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>RAY COUNTY, Mo.</b>
24. FUNERAL DIRECTOR <b>KNIPSCHILD &amp; BORCHARDING-HARDIN, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-20-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Mahel Jackson</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Borchert* .....

Licensed Embalmer No. *4628* .....

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.