

No. 300
10-48

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17771

5700
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5670 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLNEY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olney</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAY</u> b. (Middle) <u>WASH</u> c. (Last) <u>PENNINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1949</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 26 1895</u>
9. AGE (In years last birthday) <u>53</u>		10. KIND OF BUSINESS OR INDUSTRY <u>County Roads</u>	11. BIRTHPLACE (State or foreign country) <u>Truxton Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Road Foreman</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>R.A. Pennington</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Pennington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>1</u>		16. SOCIAL SECURITY NO. <u>1</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Pennington</u>		ADDRESS <u>Olney Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic myocarditis - Hypertension</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis - Hypertension</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>45, 22</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Olney - Lincoln - Mo -</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>D</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1948</u> , to <u>Feb. 6, 1949</u> , that I last saw the deceased alive on <u>Feb. 4, 1949</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. M. Pennington</u>		23b. ADDRESS <u>Siles Mo -</u>	
23c. DATE SIGNED <u>Feb 7-1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 8 49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Olney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Olney Missouri</u>	
DATE REC'D BY LOCAL REG <u>Feb. 9-49</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>		ADDRESS <u>Joy Mo</u>	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 14 1979

JAN 4 1963

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.

Signed _____
Student Embalmer _____
Signed Wayne McBoyle
Licensed Embalmer No. 35076
P. O. Address Iroy Ind

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 this body is not embalmed, fact should be so stated above.