

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11413

State File No.

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BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4076 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln</u>	
c. LENGTH OF STAY (in this place) <u>3 Da</u>		d. STREET ADDRESS (If rural, give location) <u>Near Blanchard, Iowa</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 So 16th</u>			

3. NAME OF DECEASED (Type or Print) <u>Laura Bell</u>			a. (First)			b. (Middle)			c. (Last) <u>Penny</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April -17-49</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May-23-1896</u>			9. AGE (In years last birthday) <u>72</u>		if UNDER 1 YEAR Months Days		if UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS, OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			

13a. FATHER'S NAME <u>David M Kuhn</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Simpson</u>			14. NAME OF HUSBAND OR WIFE <u>Burt E Penny</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Burt E Penny</u> ADDRESS <u>Tarkio, Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal disease</u>						<u>1 yr.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u>						<u>5 yrs.</u>	
		DUE TO (c) <u>Syphilis, latent asymptomatic</u>						<u>442 X</u>	
		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						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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-24, 1949, to 4-17, 1949, that I last saw the deceased alive on 4-17, 1949, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Tarkio Mo.</u>		23c. DATE SIGNED <u>4/30/49</u>	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-21-49</u>		REGISTRAR'S SIGNATURE <u>Betty Crutcher</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Westboro, Mo</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 _____

Ashley ~~#####~~ Robert Tucker, Student Embalmer No. ~~##~~ 478

working under my personal supervision.

Student *Ashley*
Student Embalmer

Signed *Scott Tucker*

Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.