

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18338

State File No.

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6133 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City Rural Pk 3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Douglas, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUNARTHA</u>	b. (Middle)	c. (Last) <u>PENNINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-3-1949</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>2-4-1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>A. J. Harp</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Kruec</u>	14. NAME OF HUSBAND OR WIFE <u>Solomon Pennington</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MAE WILSON - Rte #1, Bloomfield, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10da</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vasculopathy hypertension</u>		7.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/21, 1949, to 4/3, 1949, that I last saw the deceased alive on 3/24, 1949, and that death occurred at 5:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Clinis MD</u>	(Degree or title)	23b. ADDRESS <u>Oran Mo</u>	23c. DATE SIGNED <u>4/4/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-6-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-26-49</u>	REGISTRAR'S SIGNATURE <u>Bessie Moore</u>	360	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards</u>	ADDRESS <u>Douglas, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

30 DAY INFORMATION REQUEST

RECEIVED
District Health Office No. 2,
District File Number 64-9-665
Date Filed 6-9-49

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 Carl B. Bird

Signed _____
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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 this body is not embalmed, fact should be so stated above.