

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18763

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>		Registrar's No. <u>233</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Broseley</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Broseley</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Benson</u> c. (Last) <u>Pennington</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6-9-49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 7, 1880</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
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		11. BIRTHPLACE (State or foreign country) <u>Dunklin Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Elijah Pennington</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Belle Pennington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Arterio Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>and Hypertensive Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH. <u>few hrs</u> <u>4901</u>	
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) m.		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 <u>Apr 4 1948</u> to <u>June 9, 1949</u> , that I last saw the deceased alive on <u>15 May, 1949</u> and that death occurred at <u>7A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. H. Johnson MD</u>				23b. ADDRESS <u>621 Oak Plaza, Bliss, Mo.</u>		23c. DATE SIGNED <u>11 June 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 27, 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell</u>		ADDRESS <u>Piggott, Ark</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 5 REG'D

BUTLER COUNTY HEALTH CENTER
PORT ARTHUR, MISSOURI

749-160

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 me

Lloyd Russell Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed Lloyd Russell
Licensed Embalmer No. 509

P. O. Address Prigg St. Ark.

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.