

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18801

State File No. _____

FILED JUL 9 1949

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY CALLAWAY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MONTGOMERY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTGOMERY CITY		
c. LENGTH OF STAY (In this place) 6 MONTHS			d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL #1					

3. NAME OF DECEASED (Type or Print) a. (First) SUSIE b. (Middle) _____ c. (Last) PENN			4. DATE OF DEATH (Month) (Day) (Year) 7 1 49		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH JUNE 1 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 0	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME MATHEN PENN		13b. MOTHER'S MAIDEN NAME JENNIE TATE		14. NAME OF HUSBAND OR WIFE _____	
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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) _____		16. SOCIAL SECURITY NO. PK	17. INFORMANT'S SIGNATURE OR NAME JOE GOVINGTON ADDRESS MONTGOMERY, MO		
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PNEUMONIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SENILE PSYCHOSIS DUE TO (c) EMACIATION		
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"/>
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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) (COUNTY) (STATE) _____
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? _____

22. I hereby certify that I attended the deceased from **JUNE 20**, 19 **49**, to **July 1**, 19 **49**, that I last saw the deceased alive on **JULY 1**, 19 **49**, and that death occurred at **11 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. J. Miller, M.D. (Degree or title)	23b. ADDRESS STATE HOSP #1 FULTON MO	23c. DATE SIGNED 7/1/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-2-1949	24c. NAME OF CEMETERY OR CREMATORY Montgomery City	24d. LOCATION (City, town, or county) (State) Montgomery City MO
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DATE REC'D BY LOCAL REG July 2-1949	REGISTRAR'S SIGNATURE Maretha Lawrence	FUNERAL DIRECTOR'S SIGNATURE Miss [unclear] ADDRESS MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 6 1949
District Health Officer No. 9
District File Number

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 see tag

3rd day of July 1949

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Alfred

Licensed Embalmer No. 1487

P. O. Address

Waukegan City, Ill.

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.