

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36557**

FILED NOV 18 1949

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 372	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) (Rural) Apple Creek		TO	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospital				d. STREET-ADDRESS (If rural, give location) one mile South Daisy, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) WILLS c. (Last) PENNY			4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 5, 1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Wks. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) Oak Ridge Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Pierce Wills		13b. MOTHER'S MAIDEN NAME Nancy Hinkle		14. NAME OF HUSBAND OR WIFE W. Bennett Penny			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. Bennett Penny Daisy Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis - Chronic					
		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. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) No satisfactory answer					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia and chronic myocarditis					
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) (Minute)		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 Oct. 12, 1949 , to Nov. 2, 1949 , that I last saw the deceased alive on Nov. 2 A.M. 1949 and that death occurred at P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl W. Summers				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED Nov. 4/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 4, 1949	24c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery		24d. LOCATION (City, town, or county) (State) Daisy Mo		
DATE REC'D BY LOCAL REG. 11-7-1949		REGISTRAR'S SIGNATURE C. G. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Miller		ADDRESS Jordan Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

16
4

RECEIVED 11-14-49

Health Officer No. 4

Number 1149-148

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Gene R. Crockett

Signed.....
Student Embalmer

Licensed Embalmer No. 4329

P. O. Address Jacksonville

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.