.S. No. 300
EV. 10.48

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

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42028

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana Rd
c. LENGTH OF STAY (In this place): 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bowling Green
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rosetta
b. (Middle): —
c. (Last): Penrod

4. DATE OF DEATH (Month) (Day) (Year): Dec 8 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Oct. 19 1859
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months: 1 Days: 19
IF UNDER 1 DAY: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pike Co Mo
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Joseph Hubert
13b. MOTHER'S MAIDEN NAME: Emily Benoist
14. NAME OF HUSBAND OR WIFE: Albert R Penrod

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Oliver B. Penrod
ADDRESS: Bowling Green Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ruptured Appendix Peritonitis 4 hrs — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Acute Appendicitis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerosis; mild diabetes; Nephritis, chronic; pyelonephritis; Auricular fibrillation

5501

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 7, 1949, *to* Dec 8, 1949, *that I last saw the deceased alive on* Dec 8, 1949, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred M. Hunter, MD (Degree or title)
23b. ADDRESS: Bowling Green, Mo
23c. DATE SIGNED: Dec 10, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 10 1949
24c. NAME OF CEMETERY OR CREMATORY: Bowling Green
24d. LOCATION (City, town, or county) (State): Bowling Green Mo

DATE REC'D BY LOCAL REG.: Dec 15, 1949
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE: Grace Bankhead
ADDRESS: Bowling Green Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 23 1949
District Health Officer No. 10
District File Number 12-49-2140
Date Filed DEC 23 1949

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.

Student .....
Student Embalmer

Signed Harold C. Kirke

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Ky.

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.