

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41

0020

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5012 Registrar's No. 408

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Empire Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Empire Twp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5 Miles South East Whiteville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>Alfred</u> c. (Last) <u>PENNINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-1950</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar. 28, 1927</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	--	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>John M. Pennington</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Staley</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Max Burt Jackson</u>	ADDRESS <u>Mo.</u>
---	-------------------------------	--	-----------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis from Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>Several years</u> <u>11 years</u> <u>5-92 X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis</u>		
	DUE TO (c) <u>Infectious Arthritis</u>		
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 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 June 1, 1943, to 1/18, 1950, that I last saw the deceased alive on 1/17, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest L. Howard</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>Hillmore, Mo.</u>	23c. DATE SIGNED <u>1/20/50</u>
---	----------------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bennett Lane</u>	24d. LOCATION (City, town, or county) (State) <u>5 mi N of SAVANNAH MO</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-23-50</u>	REGISTRAR'S SIGNATURE <u>Lillian Spark</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u>	ADDRESS <u>SAVANNAH MO</u>
--	---	---	-------------------------------

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



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 E. C. Breit.....

Licensed Embalmer No. 2650.....

P. O. Address Savannah 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.