

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1884

State File No.

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-McMillen</u> <u>0600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2- Anderson, Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Jane</u> c. (Last) <u>Penn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 7, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 29, 1927</u>
9. AGE (In years last birthday) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Anderson, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William M. Barker</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>Anderson, Mo</u> <u>Calvin W. Penn, Rt. 2</u>
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. <u>498-28-6151</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Calvin W. Penn</u> 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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pregnancy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6421</u>	
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 <u>July, 1949</u> , to <u>Jan 7, 1950</u> , that I last saw the deceased alive on <u>Jan 7, 1950</u> , and that death occurred at <u>1 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. D. Fountain, D.O.</u>		23b. ADDRESS <u>noel, Mo.</u>	23c. DATE SIGNED <u>Jan 15 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ianagan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ianagan Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-28 1950</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Pappian</u>	ADDRESS <u>Boonville, Mo.</u>

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

0730

RECEIVED

District Health Officer No. Newton Co Health Dept.

District File Number 130-37

Date Filed EEB 2 1950

FEB 17 1950

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 John B. Papineau
Licensed Embalmer No. 4446

P. O. Address Goodman, 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.