

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7757**
Registrar's No. **389**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 7th	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 324 North 7th Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) R.	c. (Last) Penney	4. DATE OF DEATH (Month) (Day) (Year) March 24, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Nov. 11, 1868	9. AGE (In years) (last birthday) 81	IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grain merchant	10b. KIND OF BUSINESS OR INDUSTRY grain merchant	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Edward Penney	13b. MOTHER'S MAIDEN NAME Catheran Adams	14. NAME OF HUSBAND OR WIFE Laura Penney
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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) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME W.R. Penney Parnell, Missouri	ADDRESS Missouri
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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, ashenia, 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) Hemorrhage from peptic ulcer		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis, general severe		5400	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **3-23, 1950**, to **3-24, 1950**, that I last saw the deceased alive on **3-24, 1950**, and that death occurred at **3:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE W.R. Penney M.D. (Degree or title)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 3-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/27/50	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Mo.
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DATE REC'D BY LOCAL REG Mar 30 1950	REGISTRAR'S SIGNATURE G. C. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Dowman Funeral ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Carl Plummer

APR 21 1957

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. 363

working under my personal supervision.

Signed *Gene L. Johnson*
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. 4525

P. O. Address 319 S. 10th St. St. Joseph, 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.