

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9380

0496
1

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

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 4244		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville, MO.		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 W. Hannum St.				d. STREET ADDRESS (If rural, give location) 111 W. Hannum St.			
3. NAME OF DECEASED (Type or Print) Edward		a. (First) S.		b. (Middle) Pennington		c. (Last)	
4. DATE OF DEATH Mar 9 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 7 1872		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR 1 Months 4 Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Osceola, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME S. Pennington		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Ida Pennington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Pennington Cartersville			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis 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.				INTERVAL BETWEEN ONSET AND DEATH 30	
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)		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 Nov 9, 1949, to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 9:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James V. Fleckety M.A.		23b. ADDRESS 319 W. Main St. Cartersville Mo.		23c. DATE SIGNED 3-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar 13, 1950		24c. NAME OF CEMETERY OR CREMATORY White Rose Cemetery		24d. LOCATION (City, town, or county) (State) Bartlesville, Okla.	
DATE REC'D BY LOCAL REG. 3-13-50		REGISTRAR'S SIGNATURE S.L. Tuttle M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston Arnce Simpson Mortuary Webb City, Missouri			

RECEIVED 3-20-50

Jasper County Health Office

County File Number 50-3-219

Date Filed 3-31-50

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 Jack E. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City 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.