No. 300
10.48

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16111

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 41

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Farmington Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Mo. 0161
d. STREET ADDRESS (If rural, give location): Farmington Ave

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

4. DATE OF DEATH (Month) (Day) (Year): May 6 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 13-1873
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 7 Days 23 — IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: Wm. Freidrich
13b. MOTHER'S MAIDEN NAME: Anna Kleinswagu
14. NAME OF HUSBAND OR WIFE: Christian Pensel

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.:
17. INFORMANT'S SIGNATURE OR NAME: Christian Pensel — ADDRESS: Jackson Mo

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): Arteriosclerosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Dont Know
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: 4500

19a. DATE OF OPERATION:
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* Jan, 1948, *to* May 6, 1950, *that I last saw the deceased alive on* April 27, 1950 *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. J. L. Seabaugh MD
23b. ADDRESS: Jackson Mo
23c. DATE SIGNED: 5-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/8/50
24c. NAME OF CEMETERY OR CREMATORY: St. Jordans Evangelic
24d. LOCATION (City, town, or county) (State): 6 Mi N-W. Jackson MO

DATE REC'D BY LOCAL REG.: May 9-50
REGISTRAR'S SIGNATURE: D. G. Sutter 48
25. FUNERAL DIRECTOR'S SIGNATURE: Seabaugh-Laird — ADDRESS: Jackson Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAY 1 , 1950

DISTRICT HEALTH OFFICE No. 4

File No. 550-699

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.

Signed B. O. Laird

Signed .....
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.