

FILED JUL 3 1950

Dr. Marshall
19939
State File No. _____
582

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 582

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 582	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 30 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's hospital				d. STREET ADDRESS (If rural, give location) 1740 S. Glenstone			
3. NAME OF DECEASED (Type or Print) ROBERT		a. (First)		b. (Middle) L.		c. (Last) PENNINGTON	
4. DATE OF DEATH		(Month) June		(Day) 26,		(Year) 1950	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 19, 1865	
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Mo. 3		11. UNDER 1 HRS. Days 7		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad (Mo-Pac)		11. BIRTHPLACE (State or foreign country) Prescott, Ark.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ABRAHAM ANDERSON		13b. MOTHER'S MAIDEN NAME PENNINGTON Susan T. ANDREWS		14. NAME OF HUSBAND OR WIFE ELLA PENNINGTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Pennington 1740 S. Glenstone			
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) Pulmonary embolus		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		DUE TO (c) Year.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4500					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) HOMICIDE		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 6-24, 1950, to 6-26, 1950, that I last saw the deceased alive on 6-26, 1950, and that death occurred at 9:05 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Homer C. Marshall, M.D.		(Degree or title)		23b. ADDRESS Prof. Bld. Springfield Mo.		23c. DATE SIGNED 6-29-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/30		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Little Rock, Ark.	
DATE REC'D BY LOCAL REGISTRAR 6-29-50		REGISTRAR'S SIGNATURE W E Landley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN H. LOHMEYER 500 E. Walnut			

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

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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 *Gene Schmeider*

Licensed Embalmer No. *4734*

P. O. Address *Springfield*

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.