

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27688**
Registrar's No. **174**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048**

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| 1. PLACE OF DEATH a. COUNTY Nodaway | | 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 Maryville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Joseph | |
| c. LENGTH OF STAY (In this place) 11 days | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Saint Francis Hospital | | | |

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|-------------------------------------|-------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Laura | b. (Middle) Davis | c. (Last) Penney | 4. DATE OF DEATH (Month) (Day) (Year) August 5 1950 |
|-------------------------------------|-------------------------|--------------------------|-------------------------|--|

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|----------------------|-------------------------------|--|-----------------------------------|---|---|--------------------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH 11 8 1869 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR (Month) (Day) 8 27 | IF UNDER 24 HRS. (Hour) (Min.) |
|----------------------|-------------------------------|--|-----------------------------------|---|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY housewife | 11. BIRTHPLACE (State or foreign country) Platte County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John W. Freeland | 13b. MOTHER'S MAIDEN NAME Sarah McClintock | 14. NAME OF HUSBAND OR WIFE John R. 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. none | 17. INFORMANT'S SIGNATURE OR NAME William R. Penney Parnell, Mo. | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | DUE TO (b) Dr. treatment | 24 hrs |
| ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | DUE TO (c) Hypertension & arteriosclerosis | 10 days | ? |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | 5705 |

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| 19a. DATE OF OPERATION 7/25/50 | 19b. MAJOR FINDINGS OF OPERATION Dr. treatment | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | 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 **7/29**, 19**50**, to **8/5**, 19**50**, that I last saw the deceased alive on **8/4**, 19**50**, and that death occurred at **2 a.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE B. S. Freeland (Degree or title) MD | 23b. ADDRESS Manlyville, Mo | 23c. DATE SIGNED 8/10/50 |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 8 7 1950 | 24c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery | 24d. LOCATION (City, town, or county) (State) Grant City, Missouri |
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| DATE REC'D BY LOCAL REG. 8-18-50 | REGISTRAR'S SIGNATURE Bess Holt | 25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Duffell | ADDRESS Grant City, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 7 1951



JAN 15 1951

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

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address *Lebanon 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.