

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41334

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>420</u>		PRIMARY REG. DIST. NO. <u>5636</u>		Registrar's No. <u>400</u>		
1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u> c. LENGTH OF STAY (in this place) <u>7 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Plaza Stn Rt.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Twp</u> d. STREET ADDRESS (If rural, give location) <u>Lebanon Plaza Stn Rt.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliogh H</u> b. (Middle) <u>Penner</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12 22 50</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 25, 1890</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Harrison Penner</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Polly Garrett</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. J. Penner Lebanon Mo.</u>				
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) <u>Hemorrhage of Brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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) (Min.) _____		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 <u>12-19-50</u> P. 19, to <u>12-22, 1950</u> , that I last saw the deceased alive on <u>9-22, 1950</u> , and that death occurred at <u>6:10 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Lindsay M. D.</u>				23b. ADDRESS <u>Conway Mo.</u>		23c. DATE SIGNED <u>12-29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Pond Laclede Co.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-1-1951</u>		REGISTRAR'S SIGNATURE <u>Willa L. Day</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Babner's Lebanon Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

530

No. 300
10.48

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 *Emmett E. Emmett*

Licensed Embalmer No. *4748*

P. O. Address *Lebanon, 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.