

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13593

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Franklin	b. (Middle) Alva	c. (Last) Penland	4. DATE OF DEATH (Month) (Day) (Year) April 27, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George W. Penland	13b. MOTHER'S MAIDEN NAME Margaret McMillian	14. NAME OF HUSBAND OR WIFE Alta Penland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Alta Penland	ADDRESS Crocker, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 MO.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Symphatic Typhoid		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2040 YES <input type="checkbox"/> NO <input 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)
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 April 26, 1951, to _____, 19____, that I last saw the deceased alive on April 26, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Michaluk, D.O.	23b. ADDRESS Crocker, Mo.	23c. DATE SIGNED 4-28-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/29/51	24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	24d. LOCATION (City, town, or county) (State) Crocker, Missouri
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DATE REC'D BY LOCAL REG. 4-30-51	REGISTRAR'S SIGNATURE Opal Ray	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Nedges	ADDRESS Crocker, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

850
1

RECEIVED 4-30-51
Pulaski County Health Officer
File Number
Date Filed 4-30-51

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 Walter P. Mages

Licensed Embalmer No. 4265

P. O. Address Theria, Mis souri

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.