

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15503

State File No. \_\_\_\_\_

FILED MAY 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 65

0043  
 0

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

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoburn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico.</u>		c. LENGTH OF STAY (In this place) <u>13 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Truxton</u>		d. STREET ADDRESS (If rural, give location) <u>0570</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rocky</u> b. (Middle) <u>Albrow</u> c. (Last) <u>Pennington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>8</u> <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1868 11 4</u>		9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Duty</u>		11. BIRTHPLACE (State or foreign country) <u>Truxton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Clay Pennington</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Anson</u>		14. NAME OF HUSBAND OR WIFE <u>Cora May Pennington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora May Pennington Truxton Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic adenocarcinoma</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Adenoma of prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2</u> <u>20 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>610X</u>				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) (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 <u>Apr. 23, 1951</u> , to <u>May 8, 1951</u> , that I last saw the deceased alive on <u>May 31, 1951</u> and that death occurred at <u>2:43 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>Truxton Mo.</u>		23c. DATE SIGNED <u>5-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 11 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Truxton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 8 1951</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alford R Jones Bellflower Mo.</u>		

8032 Jackson

VS MAR 18 1950

Date Received: MAY 14 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-51-918  
Date Filed: MAY 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 \_\_\_\_\_

*me*

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Clarence A. Jones*

Licensed Embalmer No. 2978

P. O. Address Billflower, 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.