

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **20984**

FILED JUN 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **54**

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

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1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>	
c. LENGTH OF STAY (In this place) <b>10 weeks</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1105 Maryland St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>ROBIN</b> c. (Last) <b>PENICK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 28, 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 3, 1877</b>
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>25</b>	IF UNDER 1 HRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Wire Chief</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired-Wire Chief</b>	11. BIRTHPLACE (State or foreign country) <b>Brunswick, Missouri</b>
13a. FATHER'S NAME <b>John R. Fenick</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Thorn</b>	14. NAME OF HUSBAND OR WIFE <b>Edaline Elizabeth Fenick</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-28-9858</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Dorothy Penick, Louisiana, Missouri</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, head of pancreas</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>None</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 <b>4-26-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma head of pancreas 157x</b>	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)		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 <b>1949</b> to <b>5-28, 1951</b> , that I last saw the deceased alive on <b>5-28, 1951</b> , and that death occurred at <b>7:52A m.</b> , from the causes and on the date stated above.			
23. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Louisiana, Missouri</b>	23c. DATE SIGNED <b>5-28-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/30/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>
DATE REC'D BY LOCAL REG. <b>May 30, 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne Funeral Home, Louisiana, Mo.</b>

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Date Received: JUN 11 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-57-107  
Date Filed: JUN 14 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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.