

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20985

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Pike Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAIFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEW HARTFORD MO</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MINERAL SPRING HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>NELSON</u> c. (Last) <u>PENNINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1951</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>MAY 19 1938</u>		9. AGE (In years last birthday) Months Days <u>13</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL-BOY</u>	
11. BIRTHPLACE (State or foreign country) <u>NEW HARTFORD MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>LOYD PENNINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>VIVIAN STROKER</u>		14. NAME OF HUSBAND OR WIFE <u>LOYD PENNINGTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOYD PENNINGTON</u>	
				ADDRESS <u>New Hartford</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Peritonitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gangrenous appendix</u>			
		DUE TO (c) <u>perforation caused by castor oil</u>			<u>5 days</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>May 23/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>entire bowel completely congested</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>5501</u>	
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 May 20, 1951 to May 24, 1951, that I last saw the deceased alive on May 24, 1951, and that death occurred at 12:40 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Pyle</u>		23b. ADDRESS <u>Louisiana</u>		23c. DATE SIGNED <u>May 24</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hartford Cemetery New Hartford, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>New Hartford, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>May 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H. Walters</u>	
				ADDRESS <u>Vandalia, Missouri</u>	

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

0821
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JUN 16 1951

Date Received: JUN 1 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-1079
Date Filed: JUN 1 4 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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia Res

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.