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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1951

State File No. 21117

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY ST FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL RANDOLPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL RANDOLPH 0940	
c. LENGTH OF STAY (In this place) 29 YRS		d. STREET ADDRESS (If rural, give location) IRONDAL E RFD #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION IRONDAL E RFD #1			

3. NAME OF DECEASED (Type or Print) SYBEL		a. (First)		b. (Middle)		c. (Last) PENROSE		4. DATE OF DEATH (Month) (Day) (Year) JUNE 11 1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 25 1885		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME SAM DICKEY		13b. MOTHER'S MAIDEN NAME MELVENIA OWENS		14. NAME OF HUSBAND OR WIFE FRED PENROSE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME FRED PENROSE IRONDAL E RFD #1	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Metastatic Carcinoma of Abdominal Viscera		INTERVAL BETWEEN ONSET AND DEATH not known.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Type not known		not known	
ANTECEDENT CAUSES		DUE TO (b) Carcinoma of Left Breast		known	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 170X		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 June 7 1951, to June 10, 1951, that I last saw the deceased alive on June 10, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE John W. Hunt		23b. ADDRESS Leadwood Mo		23c. DATE SIGNED 6-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 14, 1951		24c. NAME OF CEMETERY OR CREMATORY K.P. CEMETERY	
24d. LOCATION (City, town, or county) ST FRANCIS		24e. (State) MO.			

DATE REC'D BY LOCAL REG. June 13, 1951		REGISTRAR'S SIGNATURE Esther Rudoloff		25. FUNERAL DIRECTOR'S SIGNATURE BOYD FUNERAL HOME LEADWOOD MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

RECEIVED
JUN 16 1951

JUN 12 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 E. Beay

Licensed Embalmer No. _____

4730

P.O. Address: _____

Leadwood 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.