

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13374

State File No. 13374  
Registrar's No. 72

FILED MAY 1- 1952

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5586</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived: -If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Marion Twp</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Marion Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carthage Route 4</u>			d. STREET ADDRESS (If rural, give location) <u>Carthage Route 4</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>PENNINGTON</u>	
4. DATE OF DEATH <u>April 21, 1952</u>					
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 9, 1859</u>	9. AGE (In years last birthday) <u>92</u>	10. YEARS UNDER 18: Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Christain County, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>James Bookout</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth ?</u>		14. NAME OF HUSBAND OR WIFE <u>James Pennington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilce Pennington, Reeds, Mo</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>Arteriosclerotic heart disease</u>  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.			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			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) <u>4200</u>	
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 <u>4/18</u> , 19 <u>52</u> , to <u>4/18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/18</u> , 19 <u>52</u> , and that death occurred at <u>5:30p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>G. H. Schell</u>		23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>4-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reeds Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Reeds, Mo</u>					
DATE REC'D BY LOCAL REG. <u>4-22-52</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-30-52

Jasper County Health Office

County File Number 52/4/338

Date Filed 4-30-52

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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

Robert H. Knell

Licensed Embalmer No.

4459

P. O. Address

Carthage

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.