

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. J. WILLIAMS  
State File No. 20154

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **6-32-6**

0396

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> 0396	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>740 S. GLENSTONE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>740 S. GLENSTONE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA</b> b. (Middle) <b>E.</b> c. (Last) <b>PENNINGTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 26 1952</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	
8. DATE OF BIRTH <b>NOV. 21, 1866</b>		9. AGE (In years last birthday) <b>85</b>		10. IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BOONE COUNTY, IOWA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>A. A. WEBBER</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH BISHOP</b>	
14. NAME OF HUSBAND OR WIFE <b>X</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. HOWARD C. HOWE</b>		18. ADDRESS <b>SPRINGFIELD, MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Disturbance</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocardial degeneration</b> DUE TO (c) <b>Senility</b>					
		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 <b>4222</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) (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 **6-25, 1952**, to **6-26, 1952**, that I last saw the deceased alive on **6-26, 1952**, and that death occurred at **8:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John Williams</b> (Degree or title)		23b. ADDRESS <b>Springfield Mo</b>		23c. DATE SIGNED <b>6-28-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-28-52</b>		24c. NAME OF CEMETERY OR CREMATOR <b>---</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. LOHMEYER</b>		ADDRESS <b>SPRINGFIELD, MO.</b>	
DATE REC'D BY LOCAL REG. <b>6-28-52</b>		REGISTRAR'S SIGNATURE <b>John Williams</b>			

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 Walter E. Hamaker

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.