

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23775**

FILED JUL 25 1952

BIRTH NO. **25**REG. DIST. NO. **43**PRIMARY REG. DIST. NO. **3007**Registrar's No. **239**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff Butler</b>		c. LENGTH OF STAY (in this place) <b>2 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		<b>0124</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pentecostal Church</b>		d. STREET ADDRESS (If rural, give location) <b>1006 Stella Street</b>	
3. NAME OF DECEASED a. (First) <b>HERBERT</b> (Type or Print)		b. (Middle) <b>EITHEL</b>	
c. (Last) <b>PENTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 6 1952</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married /</b>	8. DATE OF BIRTH <b>Aug 21, 1895</b>
9. AGE (In years last birthday) <b>57</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Electrician</b>	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ulysses Penter</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Graham</b>	
14. NAME OF HUSBAND OR WIFE <b>Kattie Penter</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>429-01-9134</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kattie Penter 1006 Stella St.</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>Coronary Occlusion</b>  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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:00 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Novel Wheeler</b> (Degree or title)		23b. ADDRESS <b>Poplar Bluff, Mo</b>	
23c. DATE SIGNED <b>7/11-1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>July 11/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Corning</b>		24d. LOCATION (City, town, or county) (State) <b>Corning, Ark.</b>	
DATE REC'D BY LOCAL REG. <b>7-14-52</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428-0</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard O. Gravel</b>		ADDRESS <b>Corning, Ark.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0124  
3

RECEIVED  
JUL 23 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 752-374

SEP 2 8 1952

AUG 2 1 1952

AUG 3 1 1952

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 Me

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard P. Emmer  
Student Embalmer No. ....  
Licensed Embalmer No. 782

P. O. Address Corning Art.

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.