

1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31155

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Daviness		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviness	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mile West Gallatin, Mo.		d. STREET ADDRESS (If rural, give location) 1/2 Mile West Gallatin, Mo.	

3. NAME OF DECEASED (Type or Print) Thomas Theo Peniston		4. DATE OF DEATH (Month) (Day) (Year) Sept. 12 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11 1885
9. AGE (In years last birthday) 66		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (City and State or Foreign Country) Daviness Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George W. Peniston	13b. MOTHER'S MAIDEN NAME Mary Ann Preston	14. NAME OF HUSBAND OR WIFE Lena Peniston
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 Mrs. Lena V. Peniston, Gallatin Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 min
	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 4201	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 after death , 19 52 , that I last saw the deceased alive on about 9A m. , and that death occurred at Gallatin Mo. , from the causes and on the date stated above.		

23a. SIGNATURE Richard L. Orrison M.D.	23b. ADDRESS Gallatin Mo	23c. DATE SIGNED 9/15/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-15-1952	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State) Gallatin, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home	ADDRESS Gallatin, Mo.
DATE REC'D BY LOCAL REG. 9-18-52	REGISTRAR'S SIGNATURE Virginia M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

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

0310

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

L. Dickerson

Licensed Embalmer No. *3307*

P. O. Address *Callahan, 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.