

## STANDARD CERTIFICATE OF DEATH

State File No. ....

41370

FILED NOV 28 1952

BIRTH NO. ....		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6241</u>		Registrar's No. <u>70</u>					
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Benton Twp.</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Benton Twp.</u>		1100					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Hopewell</u>				d. STREET ADDRESS (If rural, give location) <u>Near Hopewell</u>							
3. NAME OF DECEASED a. (First) <u>Rehosa</u> (Type or Print)			b. (Middle) <u>Pauline</u>		c. (Last) <u>Hibson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 10 1898</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>54 7 27</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at odd work</u>			10b. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon Mo. U</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.C.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Thomas Hibson Penit Mo.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Hibson Penit Mo.</u>			ADDRESS <u>Mineral Point Mo.</u>		
18. CAUSE OF DEATH 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.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>11/1 1949</u> , to <u>11/7 1952</u> , that I last saw the deceased alive on <u>11/5 1952</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u>				(Degree or title)		23b. ADDRESS <u>Palau Mo</u>		23c. DATE SIGNED <u>11/10/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>					
DATE REC'D BY LOCAL REG. <u>11/11/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		403- <u>6</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u>				ADDRESS <u>Potosi Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1953

FEB 20 1953

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 *Murphy Spahr*

Licensed Embalmer No. *4536*

P. O. Address *Flat River, 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.