

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42840

State File No. ....

 He Roller  
 FILED DEC 31 1952

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Becky Thatcher Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>926 Center Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew</b> b. (Middle) <b>W.</b> c. (Last) <b>Pensoneau</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-14-1952</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>11/7/1887</b>
9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR Months   Days	10. IF UNDER 12 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mgr. Bowling Alleys</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Murphyboro, Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Pensoneau</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary VanCloostere</b>		14. NAME OF HUSBAND OR WIFE <b>Pearl Pensoneau</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>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Wm. Pensoneau, 926 Center, City</b>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</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>331x</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 WHOLE AT <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 <b>12-1, 1952</b> , to <b>Dec 14, 1952</b> , that I last saw the deceased alive on <b>14 Dec, 1952</b> , and that death occurred at <b>1:30 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>M. J. [Signature]</b>		23b. ADDRESS <b>Hannibal Mo.</b>	
23c. DATE SIGNED <b>12/22/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/16/1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		24d. LOCATION (City, town, or county) (State) <b>Hannibal, Marion, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12/22/52</b>		REGISTRAR'S SIGNATURE <b>M. E. Fisher</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>M. M. O'Donnell</b>		ADDRESS <b>Hannibal Mo</b>	

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

RECEIVED DEC 29 1952  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 29 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Michael J. Okoniec

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.