

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5156

State File No.

FILED FEB 24 1953

BIRTH NO. ... REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5248 Registrar's No. 12

0210

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

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN <u>Rural Wayland Township</u>		c. CITY OR TOWN <u>Rural Wayland Township</u>	
c. LENGTH OF STAY (in this place) <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>Approx. 2 1/2 Miles Northwest of Prairie Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northwest of Prairie Hill</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmo</u>	b. (Middle) <u>Laverne</u>	c. (Last) <u>Penrod</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 7 1910</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Hardden Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles Augustus Penrod</u>	13b. MOTHER'S MAIDEN NAME <u>Ora Alma McCurry</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Ruth Thomas Penrod</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-32-4209</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Ruth Penrod</u>	ADDRESS <u>Prairie Hill Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Emphysema -</u>		<u>3 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma +</u> DUE TO (c) <u>Bronchiectasis.</u>		<u>10 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Alleged 6-feather hair</u> <u>Acropachia - dust - mites.</u>			<u>(?)</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>241X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1942 to Feb 14, 1953, that I last saw the deceased alive on 2-14, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. ...</u>	(Degree or title)	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>2/16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 16-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bynumville Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-16/53</u>	REGISTRAR'S SIGNATURE <u>W. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. B. Winkelmeier</u>	ADDRESS <u>Salisbury, Mo</u>
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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 Chas B. Winkelmayer

Licensed Embalmer No. 38420

P. O. Address Salisbury, 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.