

No. 300  
10-48

0800

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10890

State File No. ....

LED APR 6 1953

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>few yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #4 Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia R.R. 4</u>	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>A</u> c. (Last) <u>Penn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-9-1871</u>	9. AGE (In years last birthday) <u>about 82</u>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>	11. BIRTHPLACE (State or foreign country) <u>unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albert Bridges</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Bridges</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Penn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lena Bennett Lake Geneva Wis</u>	17. ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334 X</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 June 27, 1952 to Mar 18, 1953, that I last saw the deceased alive on 3-18-1953, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. R. Maddox M.D.</u>	23b. ADDRESS <u>116 1/2 W. Union</u>	23c. DATE SIGNED <u>3-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Georgetown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo R.R. 4</u>
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DATE REC'D BY LOCAL REG. <u>3/28-53</u>	REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Ferguson</u>	25. ADDRESS <u>Sedalia Mo</u>
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MS  
OCT 23 1939

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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

*F. H. Ferguson*

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.