S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14717

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 194

3495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maddox Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495
d. STREET ADDRESS (If rural, give location): 2302 Pennsylvania

3. NAME OF DECEASED (Type or Print)
a. (First): Ahrens
b. (Middle): William
c. (Last): Penfold

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. ~~MARRIED, NEVER MARRIED, WIDOWED,~~ DIVORCED (Specify): divorced 3
8. DATE OF BIRTH: March 20, 1902
9. AGE (In years last birthday): 51 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner
10b. KIND OF BUSINESS OR INDUSTRY: Zinc mines
11. BIRTHPLACE (State or foreign country): Schell City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas George Penfold
13b. MOTHER'S MAIDEN NAME: Lenora Ahrens
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ruby E Leak — ADDRESS: Harwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute medullary failure — INTERVAL BETWEEN ONSET AND DEATH: 1 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral hemorrhage — 2 mo.
DUE TO (c): Chronic glomerulonephritis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Anemia, Hypertension, Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 28, 1953 *to* Apr 21, 1953, *that I last saw the deceased alive on* Apr 20, 1953 *and that death occurred at* 11:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): I E Kilbane, D.O.
23b. ADDRESS: 5011 W. 4th St. Joplin
23c. DATE SIGNED: 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 25/53
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
24d. LOCATION (City, town, or county): Schell City (State): Mo.

DATE REC'D BY LOCAL REG.: 4-24-53
REGISTRAR'S SIGNATURE: Ed O. James 138 by Dolores Lampkins DR
25. FUNERAL DIRECTOR'S SIGNATURE: Lewis & Son — ADDRESS: Schell City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-27-53
Jasper County Health Office

County File Number 53-4-362

Date Filed 4-28-53

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 .....,

working under my personal supervision.

Student Embalmer No. .....

Signed John G. Lewis

Licensed Embalmer No. 4774

P. O. Address Schell City

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.