

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18541

State File No. ....

FILED JUN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5614 Registrar's No. 46

570  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |                                  |  |                                      |
|--|----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Knox County</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>COUNTY <b>Plevna Knox Co.</b>  |                                      |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN)<br><b>Plevna, Mo</b>   |                                  | c. LENGTH OF STAY (In this place)<br><b>30 yrs</b>   |                                      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>None</b><br><i>Bowman Lupto.</i>   |                                  | c. CITY OR TOWN<br><b>Plevna Mo.</b>   |                                      |
|  |                                  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                      |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br><b>MOLLIE</b>   |                                  | b. (Middle)<br><b>X</b>  |                                      |
|  |                                  | c. (Last)<br><b>PENCE</b>  |                                      |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>5-30-1953</b>  |                                  |  |                                      |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>9-18-1864</b> |
| 9. AGE (In years last birthday)<br><b>88</b>   |                                  | IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>14</b> Hours <b>14</b> Min.   |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House hold</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Same</b>   |                                      |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Kentucky</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |                                      |
| 13a. FATHER'S NAME<br><b>Jack King</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>?</b>  |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>   |                                  |  |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>X</b>  |                                      |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Carl Pence, Plevna, Mo</b>   |                                  | ADDRESS  |                                      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                     |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage,</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive Cardio-</b><br>DUE TO (c) <b>vascular disease</b> |                                      |
|  |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b><br><br><b>10 yrs</b>   |                                      |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>4/43X</b>   |                                      |
| 20. AUTOPSY?<br>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 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>5-18-48</u> to <u>5-30</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/30</u> , 19 <u>53</u> , and that death occurred at <u>6:45A</u> m., from the causes and on the date stated above. |                                  |  |                                      |
| 23a. SIGNATURE<br><i>Ed Wright, D.O.</i>   |                                  | 23b. ADDRESS<br><i>Leonard Mo.</i>   |                                      |
| 23c. DATE SIGNED<br><b>6/1/53</b>  |                                  |  |                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>6-1-1953</b>   |                                      |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>King Centy.</b>   |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>Near Plevna, Mo.</b>   |                                      |
| DATE REC'D BY LOCAL REG.<br><b>June 3-53</b>   |                                  | REGISTRAR'S SIGNATURE<br><i>Helle S. Hunt</i>  |                                      |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Barkeley Hawkins</i>  |                                  | ADDRESS<br><b>Shelbina Mo.</b>   |                                      |

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.....  
Signature of Student Embalmer

Signed..... *W. Hawley*

Licensed Embalmer No. *3498*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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