

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20398**

FILED JUN 8 1953

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 1 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION 458 West Washington				d. STREET ADDRESS (If rural, give location) 458 West Washington			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Lee c. (Last) Pannell			4. DATE OF DEATH (Month) (Day) (Year) June 3rd, 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 24, 1908		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 2 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) factory worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe factory		11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri		12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert E. Pannell			13b. MOTHER'S MAIDEN NAME Lucy Parsley		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-09-7276		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clay Pannell, Marshall, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis Pulmonalis 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002x					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 WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from June 3, 1953 to June 3, 1953 , that I last saw the deceased alive on June 3, 1953 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. L. Lawber, M.D., Coroner Saline Co.				23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 6-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Mo.		
DATE REC'D BY LOCAL REG. June 5-1953		REGISTRAR'S SIGNATURE Clay J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall Mo.			

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

0972

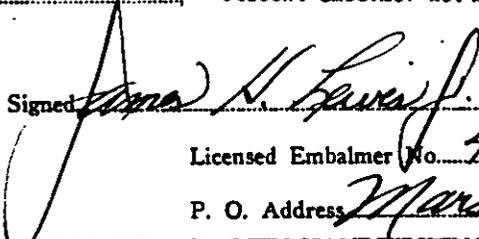
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.