

No. 300
10. 48

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35656

State File No.

402
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BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>46 years</u>		d. STREET ADDRESS (If rural, give location) <u>617 1/2 main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>60 1/2 MAIN Trenton</u>			

3. NAME OF DECEASED (Type or Print) <u>Lulu</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24 1953</u>		
a. (First)		b. (Middle)		c. (Last) <u>Pennell</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>MAR 16 1890</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mother & Home Maker.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Grundy County, Mo. 0</u>	
13a. FATHER'S NAME <u>otto Gehlbach</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wolz</u>		14. NAME OF HUSBAND OR WIFE <u>Charles A Pennell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. A Pennell Trenton MO</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None Known</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>2040</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 10-18-, 1953 to 10-24-, 1953, that I last saw the deceased alive on 10-24-, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>None</u>		23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>4-26-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grundy County Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-27-53</u>	REGISTRAR'S SIGNATURE <u>Jane H S</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lavin - Blackman Trenton, Mo.</u>		

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

Dr. Fuson.

(Licensed Embalmer's Statement on Reverse Side)

JUL 12 1954

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 *Harold S Roberts*

Signed.....
Student Embalmer

Licensed Embalmer No. *4920*

P. O. Address *Greentown, 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.