

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39581

State File No.

FILED DEC 4 - 1953

BIRTH NO.		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>115</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Lafayette,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington,</u>		c. LENGTH OF STAY (If in this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aullville, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>City.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Mohler</u> c. (Last) <u>Penticost.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25th. 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>July 4, 1875</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson County, Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Johnson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John M. Mohler</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Miller,</u>			14. NAME OF HUSBAND OR WIFE <u>Edgar E. Penticost</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Owen Fitzgerald, Aullville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute Pulmonary Edema</u> <u>Burns, severe, approx.</u> DUE TO (c) <u>50% of body surface</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Curkin's Ulcer</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>2 hrs.</u> <u>12 days</u> <u>12 days.</u>
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) <u>054</u> (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>11-13</u> , 19 <u>53</u> , to <u>11-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-25</u> , 19 <u>53</u> , and that death occurred at <u>6:00A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John G. Ben</u>				23b. ADDRESS <u>Lexington, Missouri</u>		23c. DATE SIGNED <u>11-27-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery, Leeton, Missouri.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>11-30-53</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Eastbrook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Brauning, Warrensburg, Mo.</u>			

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

Dr. Robert Benf.

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.....
Student Embalmer

Signed *H. A. Banning*
.....

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.