No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

State File No. 8456

BIRTH NO. FILED APR 2 1954 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 22

**1. PLACE OF DEATH**
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton [redacted]
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironton 0470 0
d. STREET ADDRESS (If rural, give location): General Del.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Rondall
b. (Middle): Lee
c. (Last): Penny

**4. DATE OF DEATH** (Month) (Day) (Year): 3 25 54

**5. SEX**: Male 2

**6. COLOR OR RACE**: Colored

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Child 0

**8. DATE OF BIRTH**: 10/19/50

**9. AGE** (In years last birthday): 4yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 1 HR.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None

**10b. KIND OF BUSINESS OR INDUSTRY**: None

**11. BIRTHPLACE** (State or foreign country): Ironton, Mo. 0

**12. CITIZEN OF WHAT COUNTRY?**: US.A.

**13a. FATHER'S NAME**: Harry Penny

**13b. MOTHER'S MAIDEN NAME**: Zetta Chandler

**14. NAME OF HUSBAND OR WIFE**: Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: J. Zetta Penny Ironton, 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 bilateral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Influenza
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** 480 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 ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 1954, and that death occurred at 10.15 a.m., from the causes and on the date stated above.*

**23a. SIGNATURE** C. R. Howell (Degree or title) Coroner 3

**23b. ADDRESS**: Ironton, Mo.

**23c. DATE SIGNED**: 3/26/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 3/28/54

**24c. NAME OF CEMETERY OR CREMATORY**: Colored Cemetery

**24d. LOCATION** (City, town, or county) (State): Ironton, Mo

DATE REC'D BY LOCAL REG.: 3-31-54

REGISTRAR'S SIGNATURE: Mrs Cora Jones 128

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: HOWELL FUNERAL HOME IRONTON? MO

(Licensed Embalmer's Statement on Reverse Side)

## 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 C. R. Howell

Licensed Embalmer No. 3670

P. O. Address Houlton, Me

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.