

FILED APR 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12732

BIRTH NO. _____		REG. DIST. NO. <u>213</u>		PRIMARY REG. DIST. NO. <u>5781</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Miller</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourmley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourmley</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Pool</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		c. LENGTH OF STAY (in this place) <u>7 yr</u>		0660		0	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Dora</u>	b. (Middle) <u>C</u>	c. (Last) <u>Pennington</u>	(Month) <u>April</u>	(Day) <u>11</u>	(Year) <u>1954</u>	Female	6. COLOR OR RACE <u>whit</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 4 - 1908</u>		9. AGE (In years, last birthday) <u>46</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co. Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Boedlow</u>		13b. MOTHER'S MAIDEN NAME <u>Bette Garrison</u>		14. NAME OF HUSBAND OR WIFE <u>Bernard Pennington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-24-414</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernard Pennington as above</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL APOPLEXY</u>				<u>12 Yes.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) <u>MALIGNANT HYPERTENSION</u>	
		DUE TO (c)				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)		334X	
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>APRIL</u> , 19 <u>53</u> , to <u>APRIL</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>APRIL 11, 1954</u> , and that death occurred at <u>11:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L.S. Humphrey, D.O.</u>				23b. ADDRESS <u>Wescumbia Mo.</u>		23c. DATE SIGNED <u>4-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 14 - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hawkins</u>		24d. LOCATION (City, town, or county) (State) <u>Miller Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/20/54</u>		REGISTRAR'S SIGNATURE <u>Mrs C.R. Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen - Ubalery</u>		ADDRESS <u>Camden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

APR 21 1934  
MILLER COUNTY HEALTH  
DEPARTMENT

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 *Abbie Banks Wooler*

Licensed Embalmer No. *2488*

P. O. Address *Canderton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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