

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18749

BIRTH NO. 210-5-54 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTA HOGAN HOSPITAL		d. STREET ADDRESS (If rural, give location) NICHOLS DRIVE	

3. NAME OF DECEASED (Type or Print) LUCINDA ANN PENN			4. DATE OF DEATH (Month) (Day) (Year) 5-31-54		
a. (First)	b. (Middle)	c. (Last)			

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH 5-31-54		9. AGE (In years last birthday) If UNDER 1 YEAR: Months Days 9		If UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) WEST PLAINS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U SA	
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13a. FATHER'S NAME HARRY LEE PENN		13b. MOTHER'S MAIDEN NAME DEBORAH ANN BASH		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BIRBY PENN, WEST PLAINS, MO					
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHIAL PULMONARY ATELECTASIS PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH 9 hours 9 hours	
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7625			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 5-31, 1954 to 5-31, 1954, that I last saw the deceased alive on 5-31, 1954 and that death occurred at 11:00A, from the causes and on the date stated above.

23a. SIGNATURE Jack N. Wilcox, M.D.		(Degree or title)		23b. ADDRESS West Plains, Mo. 6-454		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-1-54	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	24d. LOCATION (City, town, or county) (State) West Plains, Mo	
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DATE REC'D BY LOCAL REG. 7-2-54	REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *A. S. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Hill*

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.