

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17495

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6190 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Branson</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles N. of Branson</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ward</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Pentury Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-27-55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Dec 27, 1952</u>		9. AGE (In years, last birthday) <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>	
12. FATHER'S NAME <u>Walter Leonard Pentury</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Pentury</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, specify unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ward L Pentury</u> ADDRESS <u>Branson</u>	
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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, exsanguis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		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) <u>fell into creek.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9298</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 miles N. of Branson</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Branson Taney MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>about 7 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell into creek</u>

22. I hereby certify that I attended the deceased from 5-27, 1955, to 5-27, 1955, that I last saw the deceased about 6-27, 1955, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sarah Fassuth, Nurse</u>	23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>5-27-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boonville</u>
24d. LOCATION (City, town, or county) (State) <u>Boonville N. Y.</u>		

DATE RECD BY LOCAL REG. <u>5-28-55</u>	REGISTRAR'S SIGNATURE <u>Deleu Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitford Funeral Home</u> ADDRESS <u>Branson MO</u>
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(Licensed Embellisher's Statement on Reverse Side)

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

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1060

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JUN 7 1955

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
Signature of Student Embalmer

Signed *Morris S. Welch*

Licensed Embalmer No. *227*

P. O. Address *Prussia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.