

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17876**  
Registrar's No. **372**

FILED JUN 29 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Reynolds</b>	
b. CITY OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Ellington</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 wks</b>		STREET ADDRESS (If rural, give location) <b>0900</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp</b>			

3. NAME OF DECEASED (Type or Print) <b>Thursa Pennington</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 19 55</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Aug 6 1879</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR: Months <b>10</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dart County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Dudley Jenkins</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Leason</b>	14. NAME OF HUSBAND OR WIFE <b>John Pennington</b>
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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) <b>No</b>	16. SOCIAL SECURITY NUMBER <b>488-46-41803</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Pennington, Ellington, Mo</b>	ADDRESS <b>Ellington, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension (intertreated)</b>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>593K</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 **6-3**, 19**55**, to **6-17**, 19**55**, that I last saw the deceased alive on **6-17**, 19**55**, and that death occurred at **12:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. H. H. H. H.</b>	23b. ADDRESS <b>Poplar Bluff, Mo</b>	23c. DATE SIGNED <b>6-21-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 19 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Delaware Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bunkers, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/22/55</b>	REGISTRAR'S SIGNATURE <b>R.H. Muesel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas S. Penitt</b>	ADDRESS <b>Ellington, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JUN 27 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 *Chas. S. Penick* \_\_\_\_\_

Licensed Embalmer No. *457*

P. O. Address *Ellington*

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.