

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28693

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>6154</u>		Registrar's No. <u>19</u>			
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex</u>		c. LENGTH OF STAY (in this place) <u>Weeks</u>		c. CITY OR TOWN <u>Bloomfield</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home of Daughter</u>				e. STREET ADDRESS (If rural, give location) <u>1030</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Penigar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov. 5, 1877</u>		9. AGE (In years last birthday) <u>77</u> <input type="checkbox"/> Months <u>9</u> <input type="checkbox"/> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Howswife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Robert Pruitt</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Babb</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ralph Long, Bloomfield, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema of Lung's</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Heart Failure</u> DUE TO (c) <u>Chronic Diabetic Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>260X</u>	
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)					
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?					
22. I hereby certify that I attended the deceased from <u>1950</u> to <u>Aug 18, 1955</u> , that I last saw the deceased alive on <u>Aug 17, 1955</u> , and that death occurred at <u>8:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>S. S. Davis M.D.</u>				23b. ADDRESS <u>Nexter</u>			23c. DATE SIGNED <u>Aug 29-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walker cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Aug 31, 1955</u>		REGISTRAR'S SIGNATURE <u>Leis R. Moore</u> <u>510</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO. Bloomfield, Mo.</u>				

(Licensed Embalmers' Statement on Reverse Side)

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 Lulu Cooper # 3499..... Student Embalmer No. ~~XXXXXXXXXX~~
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Juan C. Cooper.....

Licensed Embalmer No. 4119

P. O. Address Bloomfield

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.