

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36972**

FILED NOV 23 1955

4661

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4661			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Pleasant Hill		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hosp.				e. STREET ADDRESS (If rural, give location) Benton & Washington 0697					
3. NAME OF DECEASED (Type or Print) a. (First) Frances		b. (Middle) Louise		c. (Last) Pennington		4. DATE OF DEATH (Month) (Day) (Year) 10/28/55			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Feb. 28, 1934			
9. AGE (In years last birthday) 21		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (City and State or Foreign Country) Pleasant Hill, Mo. D			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ernest R. Pennington		13b. MOTHER'S MAIDEN NAME Nannie Mae Richardson		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nannie Mae Pennington		ADDRESS Pleasant Hill Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gradual Hemorrhage (Trauma) INTERVAL BETWEEN ONSET AND DEATH 24 hrs. ANTECEDENT CAUSES diabetic coma DUE TO (b) diabetic coma DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS ----- Conditions contributing to the death but not related to the disease or condition causing death.				19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pleasant Hill, Cass, Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-26-55 m.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell due to diabetic coma.					
22. I hereby certify that I attended the deceased from Oct 26, 1955 , to Oct 28, 1955 , that I last saw the deceased alive on Oct 27, 1955 , and that death occurred at 7 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Gerard Zauder (Degree or title) Ch. O.				23b. ADDRESS Pleasant Hill, Mo.		23c. DATE SIGNED 10/29/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/28/55		24c. NAME OF CEMETERY OR CREMATORY Wills Cemetery		24d. LOCATION (City, town, or county) (State) Peculiar, Mo.			
DATE REC'D BY LOCAL REG. 10-29-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Brownfield-Stanley		ADDRESS Pleasant Hill, Mo.			

(Licensed Embalmer's 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John R. Sidman*.....
Licensed Embalmer No...45...
P. O. Address *Kansas, Co.*

**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.**