FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37462

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4315 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaPlata
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deborah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Callao Missouri
d. STREET ADDRESS (If rural, give location): 0640

3. NAME OF DECEASED (Type or Print)
a. (First): Deborah
b. (Middle):
c. (Last): Penton

4. DATE OF DEATH (Month) (Day) (Year): 11- 15 55

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-7-78
9. AGE (In years last birthday): 77 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Callao, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wallace Harrison
13b. MOTHER'S MAIDEN NAME: Mary Frances Warmoth
14. NAME OF HUSBAND OR WIFE: Elbert Penton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Elbert Penton — **ADDRESS**: Callao, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
446X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1955, *to* Nov. 15, 1955, *that I last saw the deceased alive on* Nov. 15, 1955, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold D. Lehr (Degree or title) DO
23b. ADDRESS: La Plata Mo
23c. DATE SIGNED: 11-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-16-55
24c. NAME OF CEMETERY OR CREMATORY: Locust Grove Cemetery
24d. LOCATION (City, town, or county) (State): Callao Missouri

DATE REC'D BY LOCAL REG.: Nov 21. 55
REGISTRAR'S SIGNATURE: Ruth McNeely 186
25. FUNERAL DIRECTOR'S SIGNATURE: G. S. Edwards
ADDRESS: Bevier, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1958

RECEIVED 12.5.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.5.55.187
Date Filed 12.6.55

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 J. L. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.