

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. PETERSON
State File No. 40234

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1167

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE		
b. CITY OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 1 DAY	c. CITY OR TOWN SPRINGFIELD		d. Is 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 BAPTIST HOSPITAL					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) VIRGINIA		b. (Middle) JEWELL	c. (Last) PENN	(Month) (Day) (Year) DEC. 28 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 20 1908	9. AGE (In years Last birthday) 47	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ALMARTHA, OZARK CO. MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME NIMFOD JACKSON BARKER		13b. MOTHER'S MAIDEN NAME MARTHA ELIZABETH WEST		14. NAME OF HUSBAND OR WIFE FLOYD PENN	
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. ?	17. INFORMANT'S SIGNATURE OR NAME FLOYD PENN ADDRESS SPRINGFIELD, MO.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub Arachnoid Hemorrhage					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) Arteriosclerotic Vascular Disease					
DUE TO (c) —					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death. 330x					
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 3 Dec., 1955 , to 28 Dec., 1955 , that I last saw the deceased alive on 28 Dec., 1955 , and that death occurred at 2 A. M. , from the causes and on the date stated above.					
23a. SIGNATURE (Deceased or title) Stanley D. Peterson M.D.			23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 28 Dec 55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/31/55	24c. NAME OF CEMETERY OR CREMATORY EASTLAWN		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 12-30-55		REGISTRAR'S SIGNATURE Ernie Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Ray E. ... ADDRESS SPRINGFIELD, 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.....
Lucian T. Swadlow

Licensed Embalmer No.
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P. O. Address.....
Spring

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.