No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1956

State File No. 5372

BIRTH NO. 7409-56 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
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): McCune Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rt.#3 Carthage Missouri

0490 1

3. NAME OF DECEASED (Type or Print)
a. (First): Joyce
b. (Middle): Elaine
c. (Last): Pennington

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1956

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married C
8. DATE OF BIRTH: Feb. 15, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: IF UNDER 24 HRS. Hours: 2 Min.: 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and State or Foreign Country): Carthage, Missouri C
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. D. Pennington
13b. MOTHER'S MAIDEN NAME: Gladys Long
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J.D. Pennington, Rt.#3 Carthage, Mo. ADDRESS

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) Peritonitis, sterile due
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) to Perforation of small
DUE TO (c) bowel from Congenital
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. atresia of small bowel

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
7562
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* 4:25 Pm 2/16 *1956, to* 6:02 Pm 2/15 *1956, that I last saw the deceased alive on* 2/15 *1956, and that death occurred at* 6:02 Pm *, from the causes and on the date stated above.*

23a. SIGNATURE: George H. Wood (Degree or title) MD
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 2/15/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-17-56
24c. NAME OF CEMETERY OR CREMATORY: Fasken Cemetery
24d. LOCATION (City, town, or county) (State): Jasper County, Missouri

DATE REC'D BY LOCAL REG.: 2-16-56
REGISTRAR'S SIGNATURE: Elly Clinton 139
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 2 1956
Jasper County Health Office
County File Number 56-3-94
Date Filed MAR 2 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William A. Falkes

Licensed Embalmer No. 4658

P. O. Address Carthage, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.