

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14784  
Registrar's No. 3353

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 14784		Registrar's No. 3353			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)				c. LENGTH OF STAY (In this place) _____							
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				d. STREET ADDRESS (If rural, give location) 17 3118 St. Vincent.							
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hospital				e. STREET ADDRESS (If rural, give location) 17 3118 St. Vincent.							
3. NAME OF DECEASED (Type or Print)		a. (First) Betty		b. (Middle) Martha		c. (Last) Penny		4. DATE OF DEATH (Month) (Day) (Year) April 1, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 4, 1893		9. AGE (In years last birthday) 63			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Mother		10b. KIND OF BUSINESS OR INDUSTRY Mo. School For Blind		11. BIRTHPLACE (City and State or Foreign Country) Paragould, Ark. ✓		12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME Rochelle Cole			13b. MOTHER'S MAIDEN NAME Martha Owens			14. NAME OF HUSBAND OR WIFE Robert Penny					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Albertine Lee, 3118 St. Vincent						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) Acute coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Coronary artery sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 5 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Jan 1953, 1953, to 4-1, 1956, that I last saw the deceased alive on 4-1, 1956, and that death occurred at 2:35 P. m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Elvin J. Sweet MD				23b. ADDRESS 3258 Lafayette				23c. DATE SIGNED 4-2-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-2-56		24c. NAME OF CEMETERY OR CREMATORY Epseba Cemetery		24d. LOCATION (City, town, or county) (State) Paragould, Ark.					
DATE REC'D BY LOCAL REG. APR 3 1956		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd						

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 .....  
Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address H. L.

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