

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30260**

FILED SEP 17 1956

BIRTH NO.		REG. DIST. NO. 93	PRIMARY REG. DIST. NO. 4153	Registrar's No. 56-49
1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockwood		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Miller	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 Memorial Hospital		f. STREET ADDRESS (If rural, give location) 8550		
3. NAME OF DECEASED (Type or Print) a. (First) Eliza b. (Middle) Jane c. (Last) Pennington		4. DATE OF DEATH (Month) (Day) (Year) 8-6-1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 11-14-1899	9. AGE (In years last birthday) 56 Months 8 Days 23 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Elberton Georgia	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME George Watkins		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased		
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. None		17. INFORMANT'S SIGNATURE OR NAME Evanett McMillan ADDRESS Miller 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) Cystitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute nephritis 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 605 X
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 7-20, 1956 to 8-6, 1956 , that I last saw the deceased alive on 8-5, 1956 , and that death occurred at 4:15 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. A. Bivensy, M.D.		23b. ADDRESS Millers, Mo		23c. DATE SIGNED 8-7-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-8-56	24c. NAME OF CEMETERY OR CREMATORY Greys Point	24d. LOCATION (City, town, or county) (State) N.W. of Miller Mo.
DATE REC'D BY LOCAL REG. 9-6-56		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE Morris Liman Miller Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

4799

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.....
E. R. Seiman

Licensed Embalmer No. *3297*

P. O. Address *Miller M*

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.