

FILED FEB 13 1957

## STANDARD CERTIFICATE OF DEATH

State File No. ....

1957

BIRTH NO. ....		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>1</u>					
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN <u>Callao</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samuelson Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>0610</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) c. (Last) <u>Penton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-57</u>								
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>7-25-76</u>					
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 1 MIN. Min.					
10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (City and State or Foreign Country)					
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME			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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease 2 yrs.</u> ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition, Bronchial Asthma</u>				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"/>			
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)		4200					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1-6</u> , 1957, to <u>1-13</u> , 1957, that I last saw the deceased alive on <u>1-13</u> , 1957, and that death occurred at <u>2:40 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>James C. Campbell M.D.</u>				23b. ADDRESS <u>Macon, Mo.</u>		23c. DATE SIGNED <u>1/24/57</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/18-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowndes Cross</u>		24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>					
DATE REC'D BY LOCAL REG. <u>1/30/57</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards</u>					ADDRESS <u>Bevin Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0610

185

Date Filed 2.7.57

1961 7 1961

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 *J. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Beverly Hills*

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.