

Health,
& Welfare
Public
Service

5. 300
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36981

FILED NOV 5 1957

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 252

| | | | |
|---|--------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hosp</u> Length of stay in lb <u>3 days</u> | | d. STREET ADDRESS (If outside, give location) <u>574 East Braun</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>EUGENE EDWARD PENNOCK</u> First Middle Last | | 4. DATE OF DEATH <u>Oct 26 - 1957</u> Month Day Year | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 13 - 1899</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Power Work (DEA)</u> | | 9b. AGE (In years last birthday) <u>58</u> | 9c. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Moberly, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13. FATHER'S NAME <u>George W Pennock</u> | | 14. MOTHER'S MAIDEN NAME <u>Rickie Freeman</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>494-20-5592</u> | 17. INFORMANT Address <u>Mrs Eugene Pennock Moberly Mo</u> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) <u>Acute Coronary Infarction</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____ | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____ | |
| 21. I attended the deceased from <u>Oct 24th</u> to <u>Oct 26th</u> and last saw her/him alive on <u>Oct 26</u> Death occurred at <u>Oct 26 10 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Thos S. Fleming</u> | | 22b. ADDRESS <u>Moberly Mo</u> | |
| 22c. DATE SIGNED <u>10/28/57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Oct 30 - 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Saint Memorial Garden</u> | 23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Chas. Edward Rhone Moberly Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>10/30/57</u> | 26. REGISTRAR'S SIGNATURE <u>Leah Ludlowe</u> |

(Licensed Embalmer's Statement on Reverse Side)

69

NOV 20 1957

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 *Jerry R. Carter*

Licensed Embalmer No. 4906

P. O. Address *Mobile, Ala.*

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.