Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Glover.

1872

STATE FILE NUMBER

FILED JAN 10 1958

Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY LAWRENCE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Friestatt — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Crest View Rest Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY LAWRENCE
c. CITY OR TOWN Aurora — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS 4 miles North (If outside, give location) — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: Laurel Middle: Milton Last: Pannell

4. DATE OF DEATH Month: Jan. Day: 3 Year: 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Jan. 13, 1868
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and state or country) Barry Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Victor M. Pannell
13b. MOTHER'S MAIDEN NAME Sarah E. Lee
14. NAME OF HUSBAND OR WIFE Deceased

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.
17. INFORMANT Ira Pannell, Address Aurora, Mo, Rt #1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senility
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 304XH
INTERVAL BETWEEN ONSET AND DEATH Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senile dementia; Ca of Prostate ??

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 7/31/57, to 12/31/57 and last saw him alive on 12/31/57
Death occurred at 9:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kenneth Glover (Degree or title) M.D.
22b. ADDRESS Mt. Vernon, Mo
22c. DATE SIGNED 1/4/58.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1- - 1958
23c. NAME OF CEMETERY OR CREMATORY Maple Park Cem.
23d. LOCATION (City, town, or county) Aurora, Missouri (State)

24. FUNERAL DIRECTOR Marsh Funeral Home, ADDRESS Aurora, Mo.
25. DATE RECD. BY LOCAL REG. 1-6-58
26. REGISTRAR'S SIGNATURE Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

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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 Max L. Fawcett

Licensed Embalmer No. 4252

P. O. Address McVerson

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.