

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-014891
State File No.

FILED APR 18 1958

BIRTH NO. _____		REG. DIST. NO. <u>179</u>	PRIMARY REG. DIST. NO. <u>4287</u>	Registrar's No. <u>99</u>
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u>		c. LENGTH OF STAY (in this place) <u>85 yr.</u>	c. CITY OR TOWN <u>Troy</u>	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 <u>310 Boone St.</u>		e. STREET ADDRESS (If rural, give location) <u>310 Boone St.</u>		
3. NAME OF DECEASED (Type or Print) <u>HARRISON</u>		a. (First) <u>MATSON</u>	b. (Middle) <u>PENN</u>	c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1958</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 18, 1872</u>		9. AGE (in years last birthday) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian (Ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Troy MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James S. Penn</u>		
13b. MOTHER'S MAIDEN NAME <u>Dorthea Dandridge</u>		14. NAME OF HUSBAND OR WIFE <u>Forney Penn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Forney Penn</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral. Vascular accident</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Alters - Sclerosis</u>		
DUE TO (c) <u>Secularity</u>		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? <u>2</u>
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>		
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>3/20</u> , 19 <u>58</u> , to <u>April 2</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>April</u> , 19 <u>58</u> , and that death occurred at <u>11.00P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J. C. C. C. C.</u>		23b. ADDRESS <u>Troy Mo</u>		23c. DATE SIGNED <u>4-6-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Troy MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Mc Coy</u>		
DATE REC'D BY LOCAL REG. <u>4-18-58</u>		REGISTRAR'S SIGNATURE <u>Hell-S. Schoenher</u>		ADDRESS <u>Troy Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0570

558

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..... *D. E. McCoy*

Licensed Embalmer No. *3586*

P. O. Address *Troy Mo.*

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.