

Health,  
& Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024246  
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 20

771  
S. 300  
v. 1-57  
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1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Slater 09710
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maude Lee Home		Length of stay in lb 2yrs	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Lola Mildred Penn			4. DATE OF DEATH Month Day Year June 28-1958		
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12-1889	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Month Day 10 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR OCCUPATION retired	11. BIRTHPLACE (City and state or country) Rev. J. T. Pritchett	12. CITIZEN OF WHAT COUNTRY? Independence
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13a. FATHER'S NAME H. G. Penn	13b. MOTHER'S MAIDEN NAME Sarah F. Crouch	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Slight stroke		INTERVAL BETWEEN ONSET AND DEATH 18 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Senility	
	DUE TO (c) 334X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from June 27, 1958 to June 28, 1958 and last saw her alive on June 28-1958	
Death occurred at 12:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE P. L. Lawless (Degree or title) M.D.	22b. ADDRESS Marshall Mo	22c. DATE SIGNED 6-28-58
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23a. BURIAL, CREMATION, REPOSS. (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Moberly, Mo.
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24. FUNERAL DIRECTOR Hill Brothers, Stationers	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-2-58	26. REGISTRAR'S SIGNATURE Mrs. E. C. Metz
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

426

AUG 18 1958

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 *Sam M Hill* .....

Licensed Embalmer No. *1292* .....  
P. O. Address *Slater* .....

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.