

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

64782-58  
58-029226  
State File No. ....

FILED SEP 5 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3950

1. PLACE OF DEATH a. COUNTY <b>Jackson.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Jackson.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City.</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	
c. CITY OR TOWN <b>Kansas City.</b>		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 <b>St. Joseph Hospital.</b>		e. (STREET ADDRESS (If rural, give location) <b>7039 Chestnut K.C. Mo.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Marie</b> c. (Last) <b>Pennington</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 14 - 58.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>8-14-58</b>
9. AGE (In years last birthday) <b>11</b>		10. IF UNDER 1 YEAR Months <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. Citizen</b>	
13a. FATHER'S NAME <b>Marshall Pennington</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Cooke</b>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Marshall Pennington</b>		17. ADDRESS <b>7039 Chestnut</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Concealed abnormality</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hydrocephalic monster</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>8-14-58</b> to <b>8-14-58</b> , that I last saw the deceased alive on <b>8-14-58</b> , and that death occurred at <b>11:45 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>C. A. Walschaf M.D.</b> (Degree or title)		23b. ADDRESS <b>217 Plaza McElroy KCMo</b>	
23c. DATE SIGNED <b>8-14-58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>AUG 16 1958</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>D.W. NEWCOMER'S SONS</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>8-16-58</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b>		ADDRESS <b>1321 BRUSH CREEK Blvd. KANSAS CITY Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
C. A. Walschaf

27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Marvin D. Preston*.....

Licensed Embalmer No. *5040*.....

P. O. Address *Kansas City*.....

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.