

Health,
& Welfare
Public
Service
4

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031381

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No. 317

Primary Registration District No. 1300

Registrar's No. 2080

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manchester Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</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>Manchester Nursing Home 4 mos.</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>6461 Smiley Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Annabelle</u> Middle Last <u>Pennington</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>8</u> Year <u>1958.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 14, 1877</u>
9a. AGE (In years last birthday) <u>81</u>		9b. IF UNDER 1 YEAR Months <u>13</u> Days <u>28</u>	
9c. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and state or country) <u>Perry County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Emmett Harsh</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Eufield</u>		13c. NAME OF HUSBAND OR WIFE <u>James William Pennington</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFIRMANT Address <u>Edwin Mulora 6391 Smiley Ave.</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) <u>CHRONIC NEPHRITIS AND CYSTITIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS</u>			
DUE TO (c) <u>SENILITY</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u>			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.) <u>446 X</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> o.m. <u></u> p.m. <u></u>			
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>MAY 5th, 1958</u> to <u>AUG. 8, 1958</u> and last saw her alive on <u>AUG. 7, 1958</u> Death occurred at <u>11:15 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. R. Loving</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>BALLWIN, Mo.</u>	
		22c. DATE SIGNED <u>8-9-58</u>	
23a. BURIAL, CREMATION, EMOVAL (Specify)		23b. DATE	
<u>Burial</u>		<u>Aug 11, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Mt. Oliv Cemetery</u>		<u>Mt. Oliv Perry Ford Road</u>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	
<u>Buell Campbell Mortuary 5165 Delany</u>		<u>8-9-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Herbert A. Dombek MD</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secondary, tertiary, etc., causes may also be listed. All diseases in Part I must be causally related.

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 *J. W. B. Embury*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis, 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.