

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031921
STATE FILE NUMBER

62375-58
FILED OCT 6 1958 Registration District No. 43 Primary Registration District No. Registrar's No. 576

300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff <i>0124</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hospital.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 904 Henderson Ave. Reside on Farm. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Unnamed Middle Last Penn			4. DATE OF DEATH Month 9 Day 16 Year 1958		
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5. SEX ♂ Undetermined	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 9-16-1958	9. AGE (In years last birthday) Months 0 Days 0 Hours 0 Min. 36
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (City and state or country) Poplar Bluff, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas W. Penn	13b. MOTHER'S MAIDEN NAME Winona Coleman	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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Thomas W. Penn, Poplar Bluff, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital Multiple Defects</i> DUE TO (b) <i>respiratory arrest</i> DUE TO (c) 7593		INTERVAL BETWEEN ONSET AND DEATH
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"/> 2

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.)
20c. TIME OF INJURY Hour 9 Month 16 Day 1958 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 Poplar Bluff, Missouri	COUNTY Butler	STATE Missouri
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21. I attended the deceased from 9-16-1958 to 9-16-1958 and last saw her alive on 9-16-1958 Death occurred at 904 Henderson Ave. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Thomas W. Penn</i> (Degree or title) M. D.	22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9-17-58	23c. NAME OF CEMETERY OR CREMATORY Lynn, Arkansas	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Greer Croy & Fitch, Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG. 9/27/58	26. REGISTRAR'S SIGNATURE <i>Archie Tree</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must state any statements made in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED

OCT 3 1958
BUTLER CO. HEALTH CENTER

FILE No. _____

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 not embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray P. Adams

Licensed Embalmer No. 4928

P. O. Address 1000 1st St

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.