

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017523

FILED MAY 18 1959

Registration District No. 146 Primary Registration District No. 3029 STATE FILE NUMBER 3029 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FAYETTE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>FULTON</u> 443
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rhodes Nursing Home 6 Months</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>715 Jefferson</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Seley Penney Black</u>			4. DATE OF DEATH Month Day Year <u>May 2 1959</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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 19, 1882</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and state or country) <u>Waco, Texas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>John P. Penney</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Bottom</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Black (Deceased)</u>	
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 <u>Mrs. Robert F. Harshel Columbia, Mo</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>Neuro-muscular dystrophy -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Secondary aneurysm</u> DUE TO (c) <u>terminal pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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>Jan 59</u> to <u>May 2 '59</u> and last saw <u>her</u> alive on <u>May 2 '59</u> Death occurred at <u>7:44 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. H. Shell M.D. Fayette, Mo</u>		22b. ADDRESS <u>Fulton, Mo</u>	22c. DATE SIGNED <u>5/4/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-4-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hullers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fulton, Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wallace Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-59</u>	26. REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 22 1959

OCT 5 1961

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 *Daniel C. Browning* .....

Licensed Embalmer No. *2724* .....

P. O. Address *Faulton* .....

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.