URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–039832

STATE FILE NUMBER

FILED VS NOV 30 1959

AENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fayette, Mo.
Length of stay in 1b: 5 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lee Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Howard
c. CITY OR TOWN: Fayette
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. 4
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First NANIE Middle OLIVIA Last PENGILLY

4. DATE OF DEATH: Month NOV. Day 27, Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/8/1881
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Howard County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Alfred Besgrove
13b. MOTHER'S MAIDEN NAME: Elzora Snyder
14. NAME OF HUSBAND OR WIFE: Grant W. Pengilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Bernard Shields Address: Fayette, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Arteriosclerosis 5 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile Depressive Psychosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-10-58 to Nov 27-59 and last saw her/him alive on 11-27-59
Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Iva Bloom (Degree or title): M.D.
22b. ADDRESS: Fayette Mo
22c. DATE SIGNED: 11-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/28/1959
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Fayette, Missouri

24. FUNERAL DIRECTOR: Ralph A. Carr ADDRESS: Fayette, Mo.
25. DATE RECD. BY LOCAL REG.: 11-28-59
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 5 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ralph A. Carr

Signature of Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.