

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS FEB 8 1960

-60-000713

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 19  
 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City</u> Length of stay in 1b <u>1 yr</u>		c. CITY OR TOWN <u>North Kansas City</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>1028 E. 21st Ave</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1028 E. 21st Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY IRENE PENTON</u>			4. DATE OF DEATH Month Day Year <u>JAN 25 1960</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>6-21-1914</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse RAIPAC Clinic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Miss.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Ben Terry</u>	13b. MOTHER'S MAIDEN NAME <u>MAMIE Winstead</u>	14. NAME OF HUSBAND OR WIFE <u>Hugo Penton</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>BARBARA Bush Bogalusa, LA</u>
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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>Respiratory Failure, Acute</u> Conditions, if any, which gave rise to above cause (a), (b), and (c) (If more than one, list in order of importance, with underlying cause last.) DUE TO (b) <u>Carbon Monoxide Intoxication</u> DUE TO (c) <u>Burning House</u>		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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>House caught on fire - smoking</u>
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20c. TIME OF INJURY Hour <u>8</u> Month, Day, Year <u>1 25 60</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>J. Pate M.D. (Coroner)</u> (Degree or title)	22b. ADDRESS <u>North Kansas City, Mo.</u>	22c. DATE SIGNED <u>1/25/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-25-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PANAMA CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Bogalusa, LA.</u>
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24. FUNERAL DIRECTOR <u>D.W. Newcomer</u> ADDRESS <u>Love N. K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-25-60</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

MAR 11 1960

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John V. Heinrich, Jr.*

Licensed Embalmer No. 4848

P. O. Address K. C. 17

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.