URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-029735

STATE FILE NUMBER

FILED VS SEP 12 1960 042

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 941

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: 4 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Methodist Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 809 E. Hyde Park — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Fred; Middle William; Last Penland

4. DATE OF DEATH: Month September; Day 4; Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/10/09

9. AGE (last birthday): 51

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): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: General Petroleum

11. BIRTHPLACE (City and state or country): Calistoga, Cal.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Willis Penland

13b. MOTHER'S MAIDEN NAME: Elnora Young

14. NAME OF HUSBAND OR WIFE: Ethel Penland

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.: 487-09-7321

17. INFORMANT: Mrs. Fred Penland Address: 809 E Hyde Park

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 1½ years

DUE TO (c) Arteriosclerosis — unknown

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. ☐ 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 Jan 11, 1955 to Sept 4, 1960 and last saw ~~him~~ alive on Sept 4, 1960

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sharon E Waggoner M.D.

22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri

22c. DATE SIGNED 9/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept. 7, 1960

23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery

23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR Clark Funeral Home — ADDRESS St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Sept. 9, 1960

26. REGISTRAR'S SIGNATURE Mrs. Clarke Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

S.E. Waggoner M.D.

MEDICAL CERTIFICATION

US SEP 10 1960

SEP 28 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul F. Clark

Signature of Student Embalmer

Licensed Embalmer No. 5024

P. O. Address St. Joseph, Mo

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