

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-028308**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 12

**FILED SEP 6 1961**

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberal</u>		Length of stay in 1b <u>8 yrs.</u>	c. CITY OR TOWN <u>Liberal</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>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Denton Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Felix</u> Middle <u>Bradley</u> Last <u>Pennington</u>			4. DATE OF DEATH Month <u>8</u> Day <u>26</u> Year <u>1961</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-11-1895</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Clay Co., Ky.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Pennington</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Doshia Alice Gabbard</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. <u>none</u>	17. INFORMANT <u>Doshia Alice Pennington-wife-Liberal, Mo.</u>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Inanition &amp; Congestive Failure</u>		<u>10 days</u>
DUE TO (b) <u>Adenocarcinoma of Prostate, with Metastases</u>		<u>12 Mos.</u>
DUE TO (c) <u>Carcinomatosis from Prostate Gland 1 to 2 yrs.</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Note: - For 4 yrs. prior to death, patient was recurrently hospitalized because I was not attended except by domestic nurse.

21. I attended the deceased from Nov. 17, 1947 to July 27, 1961 and last saw him alive on July 27, 1961

22. SIGNATURE M. H. Kneeland (D. O. Liberal, Mo.)

19. WAS AUTOPSY PERFORMED? YES  NO

20. ACCIDENT  SUICIDE  HOMICIDE  DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
because I wasn't available.

20c. TIME OF INJURY  
Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

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  
Liberal, Mo.

21. I attended the deceased from Nov. 17, 1947 to July 27, 1961 and last saw him alive on July 27, 1961

Death occurred at 10:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. H. Kneeland (D. O. Liberal, Mo.)

22b. ADDRESS Liberal, Mo.

22c. DATE SIGNED 9-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Aug 29, 1961

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY  
Liberal City Cemetery

23d. LOCATION (City, town, or county) (State)  
Liberal, Mo.

24. FUNERAL DIRECTOR  
Melba J. Mantone  
ADDRESS Mulberry

25. DATE RECD. BY LOCAL REG.  
Sept 6, 1961

26. REGISTRAR'S SIGNATURE  
Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

NS SEP 7 1963

**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 Merle D. Snow

Licensed Embalmer No. 4034

P. O. Address Pittsburg

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.