

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043524
STATE FILE NUMBER

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 94

FILED DEC 27 1961

1. PLACE OF DEATH a. COUNTY BARRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE		Length of stay in 1b 3 days	c. CITY OR TOWN Purdy		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cassville Steopathic			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. # 2		
3. NAME OF DECEASED (Type or print) First Middle Last PEARL EFFIE PENNEL			4. DATE OF DEATH Month Day Year 12 17 61			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/21/89	9. AGE (last birthday) 72 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even-if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Purdy, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Smith		13b. MOTHER'S MAIDEN NAME Ollie Clemens		14. NAME OF HUSBAND OR WIFE Homer Pennel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Leon Pennel, Rt 2 Cassville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia & Toxemia					INTERVAL BETWEEN ONSET AND DEATH 48hrs	
DUE TO (b) Arteriosclerotic Heart Disease					Unknown	
DUE TO (c)						
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year						
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 Nov. 28, 1961 to Dec 17, 1961 and last saw her alive on Dec 16, 1961 Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Grace E. Creeding, M.D.			22b. ADDRESS Cassville, Mo		22c. DATE SIGNED 12/18/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/19/61	23c. NAME OF CEMETERY OR CREMATORY Arnhart Cemetery	23d. LOCATION (City, town, or county) Barry Co., Missouri		(State)	
24. FUNERAL DIRECTOR Doyle E. Williamson, Cassville, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-19-1961	26. REGISTRAR'S SIGNATURE Grace Williams		

DEC 28 1961

APR 26 1962

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 Dyle E. Williamson

Licensed Embalmer No. 488.3,

P. O. Address Cassville, Mo

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.