MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: -62-024052

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 40

FILED JUN 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stella — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cardwell Memorial — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: McDonald
c. CITY OR TOWN: Noel, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Gen. Del. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Gordon Middle: Albert Last: Penn
4. DATE OF DEATH: Month: May Day: 23 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/2/62
9. AGE (last birthday): IF UNDER 1 YEAR: Months 2 Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Stella, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Penn
13b. MOTHER'S MAIDEN NAME: Joyce Feland
14. NAME OF HUSBAND OR WIFE: None
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.: Infant
17. INFORMANT: Mr. Frank Penn, Address: Noel, Missouri

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): Virus Pneumonia with Virus Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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. ☐ 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 3/2/62, to 5/23/62 and last saw him alive on 5/23/62
Death occurred at 10:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): DO
22b. ADDRESS: Noel Mo
22c. DATE SIGNED: 6/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5/23/1962
23c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetary
23d. LOCATION (City, town, or county) (State): Noel, Missouri

24. FUNERAL DIRECTOR: Humphrey Funeral Home, ADDRESS: Noel, Mo.
25. DATE RECD. BY LOCAL REG.: 6-5-62.
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address Neal, 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.