

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045700

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 200

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 20 1962													
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE _____ b. COUNTY <u>Vernon</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Nevada</u>				Length of stay in 1b <u>23 yrs</u>		c. CITY OR TOWN <u>Nevada</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>1104 E. Locust</u>						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1104 E. Locust</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Amos E. Pennell</u>						4. DATE OF DEATH Month Day Year <u>11 8 62</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>W</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>9/16/95</u>		9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>M.O.P. RR.</u>		11. BIRTHPLACE (City and state or country) <u>Ft. Scott, Kans.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Amos Pennell</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Hefley</u>				14. NAME OF HUSBAND OR WIFE <u>Florence Pennell,</u>					
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 <u>Florence Pennell, Nevada, Mo.</u>		Address					
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>Acute irreversible cardiac decompensation</u>										INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
DUE TO (b) <u>Chronic decompensation with edema</u>										<u>3 months</u>			
DUE TO (c) <u>Chronic alcoholism.</u>										<u>3 plus yrs.</u>			
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					
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 <u>July 1946</u> to <u>Nov. 8, 1962</u> and last saw ^{SEX} him alive on <u>Nov. 8, 1962</u> Death occurred at <u>Nevada, Missouri</u> <u>5:00 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>R.H. Wray</u> (Degree or title) <u>R. H. Wray, M.D., F.I.C.S.</u>						22b. ADDRESS <u>Moore Building, Nevada, Mo.</u>			22c. DATE SIGNED <u>11/13/'62</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/10/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ft. Scott, Ks.</u>							
24. FUNERAL DIRECTOR <u>Richard L. Shorten, Nevada, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-17-62</u>		26. REGISTRAR'S SIGNATURE <u>Anna S. Jerry</u>					

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 17 1962

DEC 5 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 _____

Licensed Embalmer No. 4853

P. O. Address Florida, 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.