

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043683

Registration District No. 139 Primary Registration District No. 5534 Registrar's No. 82 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59

1 0440
2 5117

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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

FILED REC 2 1963

1. PLACE OF DEATH
a. COUNTY Holt

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FOREST TWP. Length of stay in 1b 2 HOURS

c. CITY OR TOWN St. Joseph Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 1/2 Miles North of Forest City, Railroad Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 3606 Gibson Drive Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
WILLIS PENNINGTON

4. DATE OF DEATH Month Day Year
November 24 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/23/1937 9. AGE (last birthday) 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman IBM 10b. KIND OF BUSINESS OR INDUSTRY Whitaker Cable 11. BIRTHPLACE (City and state or country) Sheridan Missouri 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Arthur Pennington 13b. MOTHER'S MAIDEN NAME Hazel Bainum 14. NAME OF HUSBAND OR WIFE Mrs. Louise M. Pennington

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. [redacted] 17. INFORMANT Mrs. Louise Pennington Address 3606 Gibson Dr. St. Joseph, 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) MULTIPLE FRACTURES + HEMORRHAGE
ONE LEG CUT OFF BY TRAIN.
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.) HIT BY TRAIN WHILE CROSSING TRACK IN CAR.

20c. TIME OF INJURY Hour Month, Day, Year
10:50 a.m. 11-24-63

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.) 4 1/2 Mi. N. FOREST CITY, FARM HOME CROSSING. 20f. CITY, TOWN, OR LOCATION COUNTY STATE
FOREST CITY, MO. HOLT MO.

21. I attended the deceased from _____ to _____ and last saw him alive on _____. Death occurred at 10:50 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Howard E. Collier coroner Holt Co. Oregon, Mo. 22b. ADDRESS _____ 22c. DATE SIGNED 11/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11/24/63 23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 23d. LOCATION (City, town, or county) (State) Bedford Iowa

24. GENERAL DIRECTOR ADDRESS Shum-Nowinger Bedford, Iowa 25. DATE RECD. BY LOCAL REG. 11-26-1963 26. REGISTRAR'S SIGNATURE James H. Crawford

USE BLACK INK OR TYPEWRITER RIBBON

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

Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.