

FEDERAL BUREAU OF INVESTIGATION  
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

-60-046767

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 5699 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Livingston,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Livingston</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Chillicothe, Mo. R#2.</b>		Length of stay in lb <b>34 years</b>		c. CITY OR TOWN <b>Chillicothe, Mo. R#2,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2½ Miles N/W Avalon.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>RFD#2.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>ZEARZEAR</b> Middle <b>PENNINGTON.</b> Last <b>PENNINGTON.</b>				4. DATE OF DEATH Month <b>December</b> Day <b>29th,</b> Year <b>1960</b>					
5. SEX <b>M.</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/14/1875</b>		9. AGE (last birthday) <b>85</b>	
						IF UNDER 1 YEAR Months <b>11</b> Days <b>15</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Jamestown, Missouri, U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Green Pennington.</b>				13b. MOTHER'S MAIDEN NAME <b>Elizabeth Radford.</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Daisy Pennington.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>				16. SOCIAL SECURITY NO. <b>494-40-9369</b>		17. INFORMANT Address <b>Mrs Daisy Pennington, Chillicothe,</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Hypertensive vascular disease</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>Unknown</b> <b>Unknown</b>	
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 <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></b>							
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 <b>Dec. 16, 1960</b> to <b>Dec. 29th 1960</b> and last saw him alive on <b>Dec. 29, 1960</b> Death occurred at <b>9:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>William L. Fair, M.D.</b>					22b. ADDRESS <b>Chillicothe, Mo.</b>			22c. DATE SIGNED <b>12/30/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/1/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Avalon Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Avalon, Missouri.</b>		
24. FUNERAL DIRECTOR <b>Clifford W. Austin F-H, Tina, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan 5, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Annalee Taylor</b>			

(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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clifford W. Austin*  
**Clifford W. Austin,**

Licensed Embalmer No. ~~###~~ #3233

P. O. Address Tina, Miss

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.