

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-032673

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 234

Primary Registration District No. 2046

Registrar's No. 49

FILED SEP 14 1965

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                               |   |                                  |
|--|-------------------------------|---|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Moniteau</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>                 |                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>California, Mo</b>   |                               | c. CITY OR TOWN <b>California, Mo</b>   |                                  |
| Length of stay in 1b <b>22 Yrs</b>   |                               | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home--301 Walnut</b>   |                               | d. STREET ADDRESS (If outside, give location)<br><b>301 Walnut</b>  |                                  |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Isaac</b> Middle <b>A</b> Last <b>Pennington</b>   |                               | 4. DATE OF DEATH Month <b>Sept</b> Day <b>4</b> Year <b>1965</b>  |                                  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>10/28/75</b> |
| 9. AGE (last birthday) <b>89</b>   |                               | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.   |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Farm</b>  |                                  |
| 11. BIRTHPLACE (City and state or country)<br><b>Moniteau Co.</b>  |                               | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                  |
| 13a. FATHER'S NAME<br><b>Jacob A. Pennington</b>   |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Alice Redford</b>   |                                  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b>   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |                                  |
| 16. SOCIAL SECURITY NO.<br><b>None</b>   |                               | 17. INFORMANT<br><b>Clarence Pennington-California, Mo</b>  |                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b><br>DUE TO (b) <b>Hypertensive Heart Disease</b><br>DUE TO (c) <b>1 Week</b><br>5 Years |                               | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |                               | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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 <b>June 1960</b> to <b>Sept 1 1965</b> and last saw him alive on <b>Sept 1 1965</b><br>Death occurred at <b>9/00P</b> on the date stated above, and to the best of my knowledge, from the causes stated.                |                               |   |                                  |
| 22a. SIGNATURE (Of decedent or title)<br><b>W. H. Moore, Do.</b>   |                               | 22b. ADDRESS<br><b>California, Mo.</b>  |                                  |
| 22c. DATE SIGNED<br><b>9/4/65</b>  |                               | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  |
| 23b. DATE<br><b>9/7/65</b>   |                               | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Union Cemetery</b>   |                                  |
| 23d. LOCATION (City, town, or county)<br><b>Jamestown, Mo</b>  |                               | 24. FUNERAL DIRECTOR<br><b>Bowlin Funeral Home-California, Mo</b>   |                                  |
| 25. DATE RECD. BY LOCAL REG.<br><b>9-7-65</b>  |                               | 26. REGISTRAR'S SIGNATURE<br><b>W. H. Moore</b>   |                                  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 14 1965

### 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 Joel H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.