

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13624**
Registrar's No. **34**

FILED APR 16 1952

REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **5569**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MONITEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - HARRISON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXX		d. STREET ADDRESS (If rural, give location) Near High Point Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) AVICE b. (Middle) PENNINGTON c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) APR. 5 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 31 1882	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR (Months) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miller Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? USA.					

13a. FATHER'S NAME James Atchison	13b. MOTHER'S MAIDEN NAME Susan I. Miller	14. NAME OF HUSBAND OR WIFE Wm. Mose 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. none	17. INFORMANT'S SIGNATURE OR NAME Wm. Mose Pennington ADDRESS High Point-Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 days 4 years 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Diabetes mellitus		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June**, 19**37**, **April 4**, 19**52**, that I last saw the deceased alive on **March 30**, 19**52**, and that death occurred at **7:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Of decedent or title) Robt E Murrell, D.O.	23b. ADDRESS Edon Mo.	23c. DATE SIGNED 4/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE 4/7/52	24c. NAME OF CEMETERY OR CREMATORY High Point Cemetery
24d. LOCATION (City, town, or county) (State) High Point Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Williams Funeral Home -California ADDRESS Mo.	
DATE REC'D BY LOCAL REG. 4-8-52	REGISTRAR'S SIGNATURE J.R. Dopping, R. R. 98	

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. E. Friedmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. *2854*

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 this body is not embalmed, fact should be so stated above.