			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 68 000175	96
DO NOT WRITE AME			Registration District No. Primary Registration District No. 24 Registrar's No. 25 STATE FILE NUM	BER
ON THIS STUB	Ameri		1. PLACE OF DEATH LEGISTRE (Where deceased lived. If institution: Re	sidence before
VS 300	<u> </u>		. COUNTY HOWARD . STATE Missouri b. COUNTY Moniteau	admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette 3 months Town California	Inside Limits Yes A No
10		(2 ,	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location)	Reside on Farm
2β3	NA PAR	881	HOSPITAL OR Rhodes Nursing Home Yes 15 No D ADDRESS 301 W. Walnut	Yes 🗆 No 🛣
3			3. NAME OF DECEASED First Middle Lest 4. DATE Month Day (Type or print)	Year
4 0			LEVI PENNINGTON DEATH February 8, 19 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR	
5 2			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR Widowed 1 Divorced 12-11-1881 83	Hours Min.
	اام		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF Williams most of working life, eyen if retired)	HAT COUNTRY
64100	<u> </u>		during most of working life, even if refired) Self employed 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
	호		Jake Pennington Alice Radford unknown	
<u> </u>	8			Walnut
9	ARE		1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	RVAL BETWEEN
	\sim 1 $^{\circ}$ 1	Z EN	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oronary Thrombosis	SET AND DEATH
11 0	RECORD EAD OF	DOCUMENT	Co Co dia Vancio	
	STEA	Ď	Conditions, if eny, which gave rise to	
13/-0	I HIS		above cause (a), stating the under. lying cause last. DUE TO (c) Tend Discere	Fra
	8		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a)	ras female wa ry in last 90 day:
	<u> </u>	111	5 Serile Toychosis 1 Yes 1 No	L_
	AMENDMENTS		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divan in PART (a) PART III. If decessed we there a pregnance of the terminal disease condition divantage of the terminal divant	of item 18.)
z				
K INK RIBBON	₹		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
USE BLACK INK OR PEWRITER RIBBC	111		20e. PLACE OF INJURY OCCURRED WHILE AT WORK AT	STÄTË
A P P P P P P P P P P P P P P P P P P P	READ	-	21. I attended the deceased from 2-55-68, to 2-8-68 and lest saw him elive on 2-8-68	
BL	0 2		Death occurred atm on the date stated above, and to the best of my knowledge, from the cau	ises stated.
USE BLACK OR TYPEWRITER	SHOULD	1 ₽	22a. SIGNATURE (Degree or title) 22b, ADDRESS	22c. DATE SIGNE
Ţ	풀니	VIT	236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. TOCATION (City, town, or county)	2-8-68 (State)
	Ö	AFFIDA	REMOVAL (Specify) Burrial 2-11-68 Union Cometery Moniteau County, Misso	
	ITEM I	Y AF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 REGISTBARIS SIGNATURE	
	=	6	Bowlin Tuneral Home INC. CALFORNIA, MO 2-8-60 Parkline 1/6	uju
Ī			(Licensed Embalmer's Statement on Reverse Side)	•

0800 TATA

Burney Right

STATEMENT BY LICENSED EMBALMER

r by	, Student Embalmer No
vorking under my personal supervision.	1 D P R /
tudent	Signed Shin D. Dowling
Signature of Student Embalmer	
	Licensed Embalmer No. 505/
	P. O. Address California Mo.
	E LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply
vith the above constitutes grounds for revocation of	
If embalmed by a STUDENT, he also shall sig	-
If this body is not embalmed, fact should be	so stated above.