

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 24 1951

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 75

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 OR TOWN CALIFORNIA)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAMESTOWN (RURAL) <u>0680</u>	
c. LENGTH OF STAY (in this place) 7 WEEKS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION LATHAM HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) OLIVER b. (Middle) OCTAVUS c. (Last) PENNINGTON			4. DATE OF DEATH (Month) (Day) (Year) NOV. 12, 1951		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 9, 1869	9. AGE (In years last birthday) 82 years	IF UNDER 1 YEAR (Months) (Days)	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) MONITEAU COUNTY	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JESSIE PENNINGTON	13b. MOTHER'S MAIDEN NAME REBECCA DEARING	14. NAME OF HUSBAND OR WIFE BELLE HARRIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME GOLDER PENNINGTON, JAMESTOWN, MO.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of neck		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-17, 1950, to 11-12, 1951, that I last saw the deceased alive on 11-12, 1951, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Henson Latham (Degree or title) M.D.	23b. ADDRESS California, MO	23c. DATE SIGNED 11-13-51
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24a. BURIAL/CREMATION REMOVAL (Specify) BURIAL	24b. DATE 11/14/51	24c. NAME OF CEMETERY OR CREMATORY UNION CEMETRY	24d. LOCATION (City, town, or county) (State) JAMESTOWN, MONITEAU, MO.
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DATE REC'D BY LOCAL REG. 11-13-51	REGISTRAR'S SIGNATURE H.R. Popejoy	25. FUNERAL DIRECTOR'S SIGNATURE WILLIAMS FUNERAL HOME	ADDRESS California, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 23 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

COPIES FILED NOV 23 1951 -----

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.....
Student Embalmer

Signed *M. E. Friedman*

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.