

## FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-033113

FILED VS SEP 28 1959

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 83

STATE FILE NUMBER

UNDECEASED

|   |                                  |   |                                    |   |  |   |  |
|---|----------------------------------|---|------------------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>  |                                  |   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>California, Mo Walker</u>   |                                  | Length of stay in 1b<br><u>20 Yrs</u>   |                                    | c. CITY OR TOWN<br><u>California, Mo</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>             |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home- Walnut St.</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                    | d. STREET ADDRESS<br><u>Walnut St.</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Stella Francis Pennington</u>  |                                  |   |                                    | 4. DATE OF DEATH<br>Month Day Year<br><u>Sept 21 1959</u>   |  |   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8/17/84</u> | 9. AGE (last birthday)<br><u>75</u>   | IF UNDER 1 YEAR<br>Months Days<br><u>6 4</u> | IF UNDER 24 HR<br>Hours Min.<br><u>    </u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  |                                    | 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>W.R. Brizendine</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Eliza March</u>   |                                    | 14. NAME OF HUSBAND OR WIFE<br><u>Issac Pennington</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |                                    | 17. INFORMANT<br>Address<br><u>Bertrude Dillon California MD</u>  |  |   |  |
| 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) <u>Cerebral Thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u>  </u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                  |   |                                    |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 weeks</u><br><u>5+ years</u>                |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br><u>  </u>  |                                  | 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.)<br><u>California, Moniteau Mo</u>                  |  | 20f. CITY, TOWN, OR LOCATION<br><u>California, Moniteau Mo</u>                        |  |
| 21. I attended the deceased from <u>6-22-57</u> to <u>9-8-59</u> and last saw her <u>alive</u> on <u>9-8-59</u><br>Death occurred at <u>9/45 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  | 22a. SIGNATURE<br>(Degree or title)<br><u>RR Fulke MD</u>   |                                    | 22b. ADDRESS<br><u>California, Mo</u>   |  | 22c. DATE SIGNED<br><u>9-23-59</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>9/23/59</u>   |                                    | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Union Cemetery</u>   |  | 23d. LOCATION (City, town, or county)<br><u>Jamestown, Mo</u>                         |  |
| 24. FUNERAL DIRECTOR<br><u>Boulton Funeral Home - Springfield, Mo</u>   |                                  | ADDRESS<br><u>  </u>  |                                    | 25. DATE RECD. BY LOCAL REG.<br><u>9/23/59</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>A R Popejoy</u>                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1959

NOV 8 1959

### 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 Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 1

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.