

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 20011835

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

MONITEAU

b. CITY (If outside corporate limits, give TOWNSHIP only)

CALIFORNIA

Length of stay in 1b

15 MINS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

LATHAM HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MONITEAU

c. CITY

OR

CALIFORNIA

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

CLAUDE

Middle

AUBREY

Last

PENNINGTON

4. DATE
OF DEATH

Month

APRIL

Day

7

Year

1965

5. SEX

MALE

6. COLOR OR RACE

CAUC.

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-16-1906

9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JEWELER

10b. KIND OF BUSINESS OR INDUSTRY

SELF-EMPLOYED

11. BIRTHPLACE (City and state or country)

RUSSELLVILLE, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

ALBERT PENNINGTON

13b. MOTHER'S MAIDEN NAME

LUCIADA STEINBURGER

14. NAME OF HUSBAND OR WIFE

DELLA 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.

232-01-2862

17. INFORMANT

Mrs. DELLA PENNINGTON, CALIFORNIA

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION

INTERVAL BETWEEN ONSET AND DEATH

2 HOURS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY ARTERY DISEASE

1-2 years

DUE TO (c)

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Jan - 1965 to 4-7-65 and last saw him alive on 4-7-65
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-10-65

23c. NAME OF CEMETERY OR CREMATORY

MASONIC CEMETERY

23d. LOCATION (City, town, or county)

CALIFORNIA

23e. STATE

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

Hugh E. Williams California Mo.

25. DATE RECD. BY LOCAL REG.

4-9-65

26. REGISTRAR'S SIGNATURE

Helen L. Pappey

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0681

2 0681

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 1-0

13 1-0

JAN 25 1966

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 Hugh E. Williams

Licensed Embalmer No. 3537

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.