

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4396

BIRTH NO.		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4154		Registrar's No. 9		
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton				
b. CITY (If outside corporate limits, write RURAL and give township) Greenfield		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Golden City				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Smith Convalescent Home				d. STREET ADDRESS (If rural, give location) /				
3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Henrietta c. (Last) Pemberton			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1949					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 6, 1858		9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
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) Red Creek, N.Y. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Henry Pemberton				
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 ADDRESS S.S. Phillips 3415 Agnes Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Atherosclerotic Cardiovascular disease</i>					INTERVAL BETWEEN ONSET AND DEATH ?		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)							
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Extreme malnutrition and arteriosclerosis</i>					?		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		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 <i>2/23/49</i> , to <i>2/23/49</i> , that I last saw the deceased alive on <i>2/23/49</i> , and that death occurred at <i>11:00</i> m., from the causes and on the date stated above.								
23a. SIGNATURE <i>Alvin R. Cain</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>Greenfield Mo.</i>				23c. DATE SIGNED <i>2/25/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Feb. 26, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F. Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Golden City, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>2-25-49</i>		REGISTRAR'S SIGNATURE <i>Geo. H. Neer</i>		DISTRICT REGISTRAR'S SIGNATURE <i>Phillips</i>		ADDRESS <i>at Home Golden City, Mo.</i>		

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

RECEIVED

District Health Officer No. 6,

District File Number 249-190

Date Filed 2-28-49

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3578

P. O. Address Golden City, 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.