

No. 300
10.48

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5407**

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY LAWRENCE CO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) R. R. #1. BUCKPRAIRIE		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) RURAL N, BUCKPRARIE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) R-1 MARIONVILLE MO.			

3. NAME OF DECEASED (Type or Print)	a. (First) DRUSILLA LUCINDA	b. (Middle) PENDLETON	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) FEB, 3 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 14, 1864	9. AGE (In years last birthday) Months Days Hours Min. 84 4 20
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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) LAWRENCE CO. MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME LONEY JOHNSON	13b. MOTHER'S MAIDEN NAME ELIZABETH PETTIT	14. NAME OF HUSBAND OR WIFE JOHN THOMAS PENDLETON
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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. NO	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS TOM PTENDLETON MARIONVILLE MO.
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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 ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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 none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marionville Lawrence MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 9:35	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 after death, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:35 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) St Herman Surridge (Coroner)	23b. ADDRESS Marionville Mo	23c. DATE SIGNED Feb 4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 5-1949	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE	24d. LOCATION (City, town, or county) (State) MARIONVILLE, MO
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DATE REC'D BY LOCAL REG. Feb. 5-49	REGISTRAR'S SIGNATURE Ora Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS J.B. Surridge - Marionville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 349-218

Date Filed 2-3-49

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 _____

William G. Fulkes

Student Embalmer No. 29

working under my personal supervision.

Student William G. Fulkes
Student Embalmer

Signed Herman Burridge

Licensed Embalmer No. 3072

P. O. Address Marionville

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.