

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12079
3481A

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 3481A

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>34 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>422 S. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 S. Main</u>		e. STREET ADDRESS (If rural, give location) <u>422 S. Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>Walter</u>	c. (Last) <u>Pendergraff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 20, 1880</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	IF UNDER 24 HRS. Hour <u>14</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Painter</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Pendergraff</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Lennox</u>	14. NAME OF HUSBAND OR WIFE <u>Agnes Pendergraff</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Pendergraff</u>	ADDRESS <u>422 S. Main</u>
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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, asthma, 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) <u>Coronary occlusion</u>		<u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		<u>10 yrs ago</u>
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 <u>4331</u>	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 4-14-49, to 4-14-49, that I last saw the deceased alive on 4-14, 1949, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. S. Zeller M.D.</u> (Degree or title)	23b. ADDRESS <u>609 Chiles Springfield</u>	23c. DATE SIGNED <u>4-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr. 16. 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Springdale Ark.</u>
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DATE REC'D BY LOCAL REG. <u>4/16/49</u>	REGISTRAR'S SIGNATURE <u>W.S. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.L. Dunn</u>	ADDRESS <u>Springfield, Mo.</u>
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DEC 18 1962

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: *AL McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, MA*

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.