

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43771

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5472

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vora Clark Nursing Home</u> | | d. STREET ADDRESS <u>(If rural, give location)</u> | |

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|--|----------------------------|-----------------------------|-------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Flora</u> | b. (Middle) <u>Belle</u> | c. (Last) <u>Pendleton</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 / 25 / 49</u> |
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|----------------------|---------------------------------|--|--|---|
| 5. SEX <u>Fem</u> | 6. COLOR OR RACE <u>Wht.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | 8. DATE OF BIRTH <u>Aug. 18, 1865</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 MIN. <u>84</u> <u>Sex</u> |
|----------------------|---------------------------------|--|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Daniel Lytl</u> | 13b. MOTHER'S MAIDEN NAME <u>Clara Hornig</u> | 14. NAME OF HUSBAND OR WIFE <u>William Pendleton dec.</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>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Marie Saggart</u> | ADDRESS <u>218 E. 55th. Terr.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</u> | | 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) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>Heart been off axis</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|-------------------------------------|---|-------------------------------------|
| 23a. SIGNATURE <u>Hugh H. Owens</u> | (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>1034 Pratto Blvd</u> | 23c. DATE SIGNED <u>12-27-49</u> |
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|--|------------------------------|--|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12/25/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u> | 24d. LOCATION (City, town, or county) (State) <u>Grant City MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-27-49</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & McClure</u> | ADDRESS <u>K.C. MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3088
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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

May E. Meyer

Licensed Embalmer No.

4555

P. O. Address

Kansas 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.