

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4179  
5423

4349

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. ~~119~~ Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smith MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smith</u> <u>0350</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rt # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLEN</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>PENDER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-9-1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-22-1908</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Altam MO Morgan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Lewis Pender</u>	13b. MOTHER'S MAIDEN NAME <u>Irena Christian</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie Bud pender</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>na</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Davidson</u> ADDRESS <u>Hornersville MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot Wound</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Heart Region</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <u>Veil Inflicted</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</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?
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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 11:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter A. Hawbaker</u> (Degree or title) <u>5</u>	23b. ADDRESS <u>Hornersville MO</u>	23c. DATE SIGNED <u>2-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/12/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Horners cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hornersville MO</u>
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DATE REC'D BY LOCAL REG. <u>2-17-51</u>	REGISTRAR'S SIGNATURE <u>Mrs J. H. Lamer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Emery</u> ADDRESS <u>Janesboro Ark</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 2-20-51  
COUNTY FILE NUMBER 251-45

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. 895

P. O. Address Jacobus Park

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.