

FILED MAR 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11353

1082

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

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>215</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash twp</u>		c. LENGTH OF STAY (in this place) <u>2-10-2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cole Camp</u>		TOWN <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u> b. (Middle) <u>IRENE</u> c. (Last) <u>PENDLETON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-57</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>July 27-'05</u>		9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Refugee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Conway</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Retchie</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur F Pendleton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date or dates of service) <u>✓</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital records</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>✓</u>  <u>4500</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>5-11, 1948</u> , to <u>3-13, 1957</u> , that I last saw the deceased alive on <u>3-12, 1957</u> , and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. S. M.D.</u>				23b. ADDRESS <u>State Hospital #3 Nevada Mo</u>		23c. DATE SIGNED <u>3-13-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-13-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>		24d. LOCATION (City, town, or county) (State) <u>Ellwood Springs, Mo.</u>	
DATE REC'D BY LOCAL REG <u>3-13-1957</u>		REGISTRAR'S SIGNATURE <u>Anna E. Furtig</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quinn Casahan, Ellwood Springs</u>			

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAR 19 1951

Dist. File 35-1-622

Date Filed 3-22-51

DEC 27 1956

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Floyd E. Cavithas*

Licensed Embalmer No. 44 19

P. O. Address 6 Roads Spring

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.