

No. 300  
10.48

FILED OCT 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34174

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 552

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. <u>Laclede</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>                                   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>                                     |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Green St.</u> |  | d. STREET ADDRESS (If rural, give location) <u>Green St.</u>  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Reuben</u> b. (Middle) <u>H.</u> c. (Last) <u>Pender</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1951</u> |  |  |
|---|--|--|---|--|--|

|                 |                           |  |                                      |   |   |   |
|-----------------|---------------------------|--|--------------------------------------|---|---|---|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Jan. 10 1871</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 10 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|--|--------------------------------------|---|---|---|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Bedford Ind.</u> | 12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|---|--|

|   |  |                                   |
|---|--|-----------------------------------|
| 13a. FATHER'S NAME <u>Wm. H. Pender</u> | 13b. MOTHER'S MAIDEN NAME <u>Not Known</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|---|--|-----------------------------------|

|  |   |  |               |
|--|---|--|---------------|
| 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. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Pender Lebanon Mo.</u> | ADDRESS _____ |
|--|---|--|---------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>past 10 hrs.</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerotic heart dis</u> <u>10 yrs.</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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>4200</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 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 \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                  |                                  |
|--|----------------------------------|----------------------------------|
| 23a. SIGNATURE <u>B.B. Hurst, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Lebanon, Mo.</u> | 23c. DATE SIGNED <u>10-15-51</u> |
|--|----------------------------------|----------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 14, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY. <u>Bilderback</u> | 24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u> |
|---|--------------------------------|---|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>10-18-1951</u> | REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u> ADDRESS <u>Lebanon Mo</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

2301 61 NOV

Received ..... OCT 20 1951  
Laclede County Health Unit  
File No. .... 10-51-148  
Date Filed..... OCT 22 1951

**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 J. B. Palmer Jr

Licensed Embalmer No. 4811

P. O. Address St. Louis, 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.