

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24792

State File No. _____

AUG 6 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5369 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, address before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Rural Brookings</u>		c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Rural Brookings township</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R3 Kansas City, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R3 Kansas City, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marcus</u> b. (Middle) <u>Shull</u> c. (Last) <u>Pendleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 52</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>Widowed</u>		8. DATE OF BIRTH <u>Mar. 15, 1871</u>		9. AGE (In years last birthday) <u>81</u>		if UNDER 1 YEAR Months Days		if UNDER 24 HRS. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
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13a. FATHER'S NAME <u>Logan Pendleton</u>			13b. MOTHER'S MAIDEN NAME <u>Serena Brookings Anna Nelson Pendleton</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs Robert Blue R3 KCMo</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Robert Blue R3 KCMo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arterio sclerosis</u>						<u>15 yrs.</u>	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic auricular fibrillation</u>						<u>2 yrs.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42 C. I</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 1949, to 7-16 1952, that I last saw the deceased alive on 7-16 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack M. Davis M.D.</u> (Degree or title)		23b. ADDRESS <u>Raytown, Mo.</u>		23c. DATE SIGNED <u>7-18-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo</u>	
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DATE REC'D BY LOCAL REG. <u>7-19-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Indef. Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 4 REC'D

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 *L. Marion Weir* _____

Licensed Embalmer No. *3156* _____

P. O. Address *Independence 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.