

No. 300  
10.48

DECEASED 6 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30975**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **311**

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

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2229</b>	
c. LENGTH OF STAY (in this place) <b>2 Hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1228 S. 18th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bobby</b> b. (Middle) <b>Joe</b> c. (Last) <b>Pender</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 25, 1952</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 3, 1935</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (If live kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shaws School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rubelm Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>
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13a. FATHER'S NAME <b>Leo Pender</b>	13b. MOTHER'S MAIDEN NAME <b>Lillian Tillie</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Leo Pender</b>	ADDRESS <b>St. Louis, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull Fracture and Internal Injuries</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm to Market Road</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>5 Miles South of Gravel Hill Cape Gir. Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 25 52 P.M. 11:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>hitting loose Gravel and skidding in ditch and hitting culbert</b>

22. I hereby certify that I attended the deceased from **after death**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. B. Drisker</b> 3 (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>4. S. Pacific St. Cape Girardeau Mo</b>	23c. DATE SIGNED <b>Sept 26, 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 28, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ellington, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-28-52</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b> 44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard P. Gorman</b>	ADDRESS <b>Cape Gir. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

JULY 1957

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 Howard R. Homan

Licensed Embalmer No. 4123

P. O. Address Cape Girardeau, 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.