No. 300
10.48

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

363

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) missouri methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Joseph - Rural
d. STREET ADDRESS (If rural, give location) R.F.D. 3. 0110 1.

3. NAME OF DECEASED (Type or Print)
a. (First) nellie
b. (Middle) mae
c. (Last) pendleton

4. DATE OF DEATH (Month) (Day) (Year) 1 - 27 - 1953

5. SEX 1 Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 7 - 8 - 1922
9. AGE (In years last birthday) 30 — If under 1 year: Months 6, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (City and State or Foreign Country) Buchanan Co mo
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Walter Fisher
13b. MOTHER'S MAIDEN NAME Georgia Bazona
14. NAME OF HUSBAND OR WIFE George pendleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. George Pendleton ADDRESS R.F.D. 3 St Joseph

MEDICAL CERTIFICATION

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephrosis — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive cardio-vascular renal disease — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/11, 1953 *to* 1/27, 1953 *that I last saw the deceased alive on* 1/27, 1953 *and that death occurred at* 8:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Guy Redmond MD (Degree or title)
23b. ADDRESS St Joseph, Mo
23c. DATE SIGNED 1/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-30-1953
24c. NAME OF CEMETERY OR CREMATORY Savannah
24d. LOCATION (City, town, or county) (State) Savannah mo

DATE REC'D BY LOCAL REG. Jan 30, 1953
REGISTRAR'S SIGNATURE Carl C. Carter
25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home ADDRESS Savannah

(Licensed Embalmer's Statement on Reverse Side)

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

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 E. C. Brent

Licensed Embalmer No. 2650

P. O. Address Sarcoxie 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.