

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1203**

FILED FEB 5 1953

BIRTH NO. _____ REG. DIST. NO. **136** PRIMARY REG. DIST. NO. **5499** Registrar's No. **1**

0411

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Lincoln		c. LENGTH OF STAY (In this place) 5 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Pattie b. (Middle) Evelyn c. (Last) Pendleton			4. DATE OF DEATH (Month) (Day) (Year) January 19, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own home		8. DATE OF BIRTH Sept. 27, 1869	
11. BIRTHPLACE (City and State or Foreign Country) Denver, Missouri			9. AGE (In years last birthday) 83 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____		
12. CITIZEN OF WHAT COUNTRY? U. S.			14. NAME OF HUSBAND OR WIFE George Pendleton		

13a. FATHER'S NAME James Allen Robertson		13b. MOTHER'S MAIDEN NAME Margret Schooler		14. NAME OF HUSBAND OR WIFE George Pendleton	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Benson Hatfield, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 7 days ANTECEDENT CAUSES Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 331X			19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		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 **11-30, 1952**, to **1-19, 1953**, that I last saw the deceased alive on **1-19, 1953** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank B. Harrison, M.D.		23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 1-21-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-21-1953		24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery		24d. LOCATION (City, town, or county) (State) Worth County, Missouri	
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DATE REC'D BY LOCAL REG. 2-3-1953		REGISTRAR'S SIGNATURE Florence C. Powell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Dingle Grant City, Mo.	
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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. 445

working under my personal supervision.

Student Bill Dunfee
Student Embalmer

Signed Arch C Dunfee
Licensed Embalmer No. 3252

P. O. Address Grant City, MD

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.