

STANDARD CERTIFICATE OF DEATH

4928

FILED MAR 2 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <u>Buchanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atolison.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>1yr 10M 14D</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Franklin,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2;</u>		d. STREET ADDRESS (If rural, give location) <u>407 Walnut.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOLA</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>PENDLETON.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 20 - 1953.</u>
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5. SEX <u>Female.</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed?</u>	8. DATE OF BIRTH <u>9-28-1887.</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Hours <u>22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home making</u>	11. BIRTHPLACE (State or foreign country) <u>Atolison County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Paul Townsend.</u>	13b. MOTHER'S MAIDEN NAME <u>Dalilah Burg.</u>	14. NAME OF HUSBAND OR WIFE <u>Bruce Pendleton.</u>
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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) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donald Pendleton - Paris, Missouri</u>	ADDRESS <u>Paris, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labar Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arterio sclerosis</u>		
DUE TO (c)		490X	
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)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-6-, 1951, to 2-20-, 1953, that I last saw the deceased alive on 2-20-, 1953, and that death occurred at 5:17 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harriet Thomas</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>2-20-1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2/21/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Franklin, Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Franklin, Missouri</u>
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DATE REC'D BY LOCAL REG <u>Feb 26, 1953</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	4416	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home - St. Joseph, Mo.</u>	ADDRESS
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(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W.E. Edmonston

Signed.....
Student Embalmer

Licensed Embalmer No. 4791

P.O. Address 319 5012 St. Joseph Ave

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.