

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6684

6684

FILED MAR 10 1953

BIRTH NO.		REG. DIST. NO. 170	PRIMARY REG. DIST. NO. 5633	Registrar's No. 34
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Smith Twp.</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Near Stoutland Mo.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Near Stoutland Mo</u>	d. STREET ADDRESS (If rural, give location) <u>Smith Township</u>			
3. NAME OF DECEASED a. (First) <u>MARTHA</u> (Type or Print)		b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>PENDERGRASS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 23 1882</u>	9. AGE (in years last birthday) <u>71</u> IF UNDER 1 YEAR Months Days <u>0 30</u> IF UNDER 4 HRS. Hours Min. <u>1</u>
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>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Rogers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gregory</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Pendergrass</u>
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 AND ADDRESS <u>Albert Pendergrass 217 S Victor Tulsa Okla.</u>		
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>Flu</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>60 days</u>
19a. DATE OF OPERATION <u>no operation</u>	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural death</u>	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) <u>no injury</u>	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 <u>Dec 24, 1952</u> to <u>Feb 24, 1953</u> , that I last saw the deceased alive on <u>Feb 22, 1953</u> , and that death occurred at <u>7 A. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>L. E. Coarston, M.D.</u>		(Degree or title)	23b. ADDRESS <u>Stoutland</u>	23c. DATE SIGNED <u>2-24-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-25-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon MO</u>	
DATE REC'D BY LOCAL REG. <u>2-28-1953</u>	REGISTRAR'S SIGNATURE <u>Hella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. ...</u>	ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0530

MAR 7 1952

Received

Laclede County Health Unit

File No. 3.53.36

Date Filed MAR 9 1952

This body was Not Embalmed,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by

anyone (Was not embalmed)
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *W. J. Evans*
Licensed Embalmer No. _____

P. O. Address *Stoutland*

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.