

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44798

State File No. _____

FILED DEC 21 1953

XC 704 130
REG# 115195BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3144

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>8 DAYS</u>	c. CITY OR TOWN <u>DIXON</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>Box 41, Route #3</u>		0850 / 1	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ray.</u>	b. (Middle) <u>W.</u>	c. (Last) <u>PENDLETON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-2-97</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILLMAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STEEL CASTING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BRAYS, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CHARLES W. PENDLETON</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH E. STRATTON</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA E. 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>YES WW I</u>	16. SOCIAL SECURITY NO. <u>333 03 7679</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF BRKS, MO.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 - 4 8 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			<u>4200</u>

19a. DATE OF OPERATION <u>11/25/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Post-operative inflammation - appendectomy</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 11-25, 1953, to 12-3, 1953, and that death occurred at 8:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>R. A. ALLEN</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VET ADM HOSP., JEFF BRKS, MO.</u>	23c. DATE SIGNED <u>12-4-53</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____	24b. DATE <u>12-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Under Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Miller County, MO</u>
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DATE REC'D BY LOCAL REG. <u>12/9/53</u>	REGISTRAR'S SIGNATURE <u>Walter H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. ...</u> ADDRESS <u>Walter H. ...</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4000 0

JAN

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.....
Signature of Student Embalmer

Signed.....
Walter P. Adams

Licensed Embalmer No. *426*

P. O. Address *Sherris*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.