

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14550

State File No.

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 829

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>Farm</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY OR TOWN <u>Pacific</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>14 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>0360</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo</u> b. (Middle) _____ c. (Last) <u>Pendleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 30 54</u>			
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>2/18/1893</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George W. Pendleton</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Dosha 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>708-14-7533</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Pendleton</u>	ADDRESS <u>Rt. 1 Pacific Mo.</u>
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18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Cancer left jaw + throat		approx 2 yrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
		Fracture left femur		March 1954
		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 (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pacific Franklin Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-15-1954 4:00 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Heard and using crutches + slipped on the linoleum</u>

I hereby certify that I attended the deceased from Feb 15, 1954, to March 30, 1954, that I last saw the deceased alive on Mar 30, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. J. Suffer D.O.</u>	(Degree or title)	23b. ADDRESS <u>Pacific Mo.</u>	23c. DATE SIGNED <u>Mar 3/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meta Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Meta Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/1/54</u>	REGISTRAR'S SIGNATURE <u>Heckard K. Tomke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader</u>	ADDRESS <u>Funeral Home Ballwin, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-484001
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MAR 27 1954

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..... *Richard Bupp*

Licensed Embalmer No. *458*

P. O. Address *Ballwin*

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.