

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36300**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 754

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wash Township</u>		c. LENGTH OF STAY (In this place) <u>0-2-11</u>	c. CITY OR TOWN <u>Nevada</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1080</u>	
3. NAME OF DECEASED a. (First) <u>Betty</u> b. (Middle) <u>G</u> c. (Last) <u>Pendleton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>12-27-1870</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boviess Co Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Merril Mc Crary</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Mc Brayer</u>	14. NAME OF HUSBAND OR WIFE <u>Ambrose Pendleton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J. R. Bench</u> ADDRESS <u>Nevada Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension and Senility</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>about 2 years</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</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)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>8-23</u> , 19 <u>54</u> , to <u>11-4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-3</u> , 19 <u>54</u> , and that death occurred at <u>2:54</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul L. Barone M.D.</u>		23b. ADDRESS <u>State Hospital 3 Nevada Mo</u>	
23c. DATE SIGNED <u>Nov 4/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 6-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>
DATE REC'D BY LOCAL REG. <u>11-5-1954</u>	REGISTRAR'S SIGNATURE <u>(Anna) E</u>	451 <u>Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert T. Horton</u> ADDRESS <u>Nevada Mo</u>

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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard L. Miller*

Licensed Embalmer No. *45*
P. O. Address *Waco, Tex*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.