

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12999

State File No. ....

FILED MAY 2 1955

BIRTH NO. 2494255 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles, Mo.</u>	c. LENGTH OF STAY (If in this place) <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roberson</u>	<u>4000</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>O.O. By 81</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAST</u> <u>Pendegraft</u> b. (Middle) <u>1st</u> <u>Daniel</u> c. (Last) <u>Allen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27-55</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>4-19-55</u>	9. AGE (In years last birthday) If UNDER 1 YEAR: Months <u>8</u> Days <u>8</u>	If UNDER 24 HRS. Hours <u>8</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Robert Pendegraft</u>	13b. MOTHER'S MAIDEN NAME <u>Morris Irene</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>Robert Pendegraft</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, asthenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>Robert Pendegraft</u>

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Prematurity</u>		<u>Under birth</u>
DUE TO (b)		
DUE TO (c)		
11. 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 <u>7625</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Apr. 19, 1955, to Apr. 27, 1955, that I last saw the deceased alive on Apr 27, 1955 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Nathl B. Bugh, M.D.</u>	(Deceased or title)	23b. ADDRESS <u>16 E. Jefferson - St. Louis</u>	23c. DATE SIGNED <u>4/27/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>4-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MONTGOMERY CITY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>MONTGOMERY CITY MO</u>

DATE REC'D BY LOCAL REG. <u>April 29 1955</u>	REGISTRAR'S SIGNATURE <u>Francis Hammett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter A. ...</u>	ADDRESS <u>MONTGOMERY CITY MO</u>
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STATEMENT BY LICENSED EMBALMER

NOT

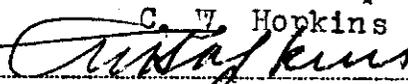
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~XXXXXX~~ <sup>X</sup> ~~XXXXXX~~

.....  
working under my personal supervision.

Student Embalmer No. ....

C. W. Hopkins

Signed



Signed.....

Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.