

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 62

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Howard</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stayette Mo.</u> |  | c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Brookfield</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location) <u>305 W. Leighton</u>   |  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Walter</u> c. (Last) <u>Pendleton</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1955</u> |  |  |
| 5. SEX <u>M</u>   |  | 6. COLOR OR RACE <u>Negro</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> |  |
| 8. DATE OF BIRTH <u>Feb 19 1882</u>   |  | 9. AGE (In years last birthday) <u>73</u>   |   | 10. MONTHS <u>5</u> DAYS <u>19</u> HOURS <u>1</u> MIN.                 |  |
| 10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>Barber</u>       |  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (State or foreign country) <u>Brookfield Mo</u>         |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  | 13a. FATHER'S NAME <u>Andrew Pendleton</u>  |   | 13b. MOTHER'S MAIDEN NAME  |  |
| 14. NAME OF HUSBAND OR WIFE <u>Ada Mae Pendleton</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.  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ess Pendleton</u>  |  | ADDRESS <u>Brookfield</u>   |   |  |  |

|   |  |                                     |  |  |  |
|---|--|-------------------------------------|--|--|--|
| 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) <u>Uremic</u>  |  | DUE TO (b) <u>Chronic nephritis</u> |  | <u>unknown</u>   |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)                          |  | <u>unknown</u>   |  |
| II. 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    |  | 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) m. |  | 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 July 20 1955, to July 27 1955, that I last saw the deceased alive on July 20 1955, and that death occurred at 11:00 p.m. from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>James J. Deen MD</u>            |  | 23b. ADDRESS <u>Stayette, Mo.</u>                      |  | 23c. DATE SIGNED <u>8-1-55</u>                                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>             |  | 24b. DATE <u>July 30</u>                               |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Roger Hill Cemetery</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Browder</u> |  | ADDRESS <u>Brookfield Mo.</u>                                 |  |
| DATE REC'D BY LOCAL REG. <u>8-1-55</u>                              |  | REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>             |  |   |  |

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

016 32

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 .....  
Student Embalmer

Signed..... *Raymond A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Jayette Miss*

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.