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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 12 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5584 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Jäasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give name of township) <u>Jasper County</u>		c. CITY OR TOWN <u>Joplin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ambulance enroute to</u>		e. STREET ADDRESS (If rural, give location) <u>216 Patterson</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John Roy</u> b. (Middle) <u>Pendelton</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>Whitr</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-13<sup>e</sup> 1906</u>	9. AGE (In years) (last birthday) <u>48</u> Months <u>7</u> Days <u>8</u> Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman for Empire Dist Elctical Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>native</u>
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13a. FATHER'S NAME <u>Nate Pendelton</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Pendelton</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Pendelton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>World War two</u>	16. SOCIAL SECURITY NO. <u>496-09-5320</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Pendelton</u> ADDRESS <u>216 Patterson</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION Joplin Mo..		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electroventricular (Ventricular fibrillation)</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9148</u> <u>10</u>			

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 SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>high line near highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Joplin</u> (COUNTY) <u>Jasper</u> (STATE) <u>Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-21-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Electrocuted when high tension line arc hit his body.</u>
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22. I hereby certify that I attended the deceased from Deaf, not returned, 1955, that I last saw the deceased alive on \_\_\_\_\_, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wendell M. Brown</u> (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>8-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-24-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greys Point cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-2-55</u>	REGISTRAR'S SIGNATURE <u>W. Clinton</u> _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Hamon</u> ADDRESS <u>Miller Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1956

OCT 6 1955

SEP 20 1955

SEP 12 1955

Date Filed SEP 9 - 1955

85-8-534

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 *E. P. Lemmon*

Licensed Embalmer No. 3291

P. O. Address *Miller*

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.