

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42497
10825

State File No.
Registrar's No.

FILED JAN 11 1956

318

1003

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | State File No. | | Registrar's No. | | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | | c. LENGTH OF STAY (In this place) 26 days | | c. CITY OR TOWN Pattonville/ | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | | | | e. STREET ADDRESS (If rural, give location) Rural | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Emma | | b. (Middle) Jones | | c. (Last) Pentecost | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1955 | | | | | | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Sept 21 1878 | | 9. AGE (In years last birthday) 77 | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House mother | | 10b. KIND OF BUSINESS OR INDUSTRY Childrens Home | | 11. BIRTHPLACE (City and State or Foreign Country) Tenn. | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | | | | | |
| 13a. FATHER'S NAME George Jones | | | 13b. MOTHER'S MAIDEN NAME Susie Bowden | | | 14. NAME OF HUSBAND OR WIFE Clinton Pentecost | | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 495-26-7004 | | 17. INFORMANT'S SIGNATURE OR NAME Clinton Pentecost ADDRESS Pattonville Mo. | | | | | | | | | | |
| 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. | | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Wide spread metastatic carcinoma of liver, lung and adrenal 4 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 199.8 | | | | | | | | | | | | |
| 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) _____ | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 15 Nov 1955 , to 10 DEC 1955 , that I last saw the deceased alive on 9 DEC 1955 , and that death occurred at 7:15 a.m. , from the causes and on the date stated above. | | | | | | | | | | | | | | |
| 23a. SIGNATURE Richard Jones MD (Degree or title) _____ | | | | | 23b. ADDRESS 3720 Washington St Louis Mo | | | 23c. DATE SIGNED 11 Dec 55 | | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12/11/55 | | 24c. NAME OF CEMETERY OR CREMATORY Dresden | | 24d. LOCATION (City, town, or county) (State) Fulton Ky | | | | | | | | |
| DATE REC'D BY LOCAL REG. DEC 12 1955 | | REGISTRAR'S SIGNATURE Carl Smith MD | | | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd. | | | | | | | | | |

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

No. Baptist,
10 to 11

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 *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

P. O. Address.....

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.