

FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41048

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 126

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Union Twp. | | c. CITY OR TOWN Campbell | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 14 yrs. | | e. STREET ADDRESS (If rural, give location) Route 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home-Campbell-Rte. 2 | | 0350 | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) WILLIAM | b. (Middle) THOMAS | c. (Last) PENDERGRASS |
| 4. DATE OF DEATH | (Month) Dec. | (Day) 6 | (Year) 1956 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 15 1880 |
| 9. AGE (In years last birthday) 76 | # UNDER 1 YEAR 9 | # UNDER 1 YEAR 9 | # UNDER 1 YEAR 9 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Boydsville Arkansas | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Thomas Pendergrass | 13b. MOTHER'S MAIDEN NAME Francis Beard | 14. NAME OF HUSBAND OR WIFE Rebecca Pendergrass | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Rebecca Pendergrass Campbell, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Hypertension 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 | 20. AUTOPSY? 443x YES <input type="checkbox"/> NO <input 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) | 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 Oct. 15, 1950 to Nov. 19, 1956 , that I last saw the deceased alive on Nov. 19, 1956 , and that death occurred at 12:15 A.M. from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Benjamin L. Franklin | | 23b. ADDRESS Campbell, Missouri | 23c. DATE SIGNED 12/7/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 8 1956 | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | 24d. LOCATION (City, town, or county) (State) Campbell Missouri |
| DATE REC'D BY LOCAL REG. 12-10-56 | REGISTRAR'S SIGNATURE Mr. Frank Campbell | 25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home Campbell, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-17-56

COUNTY FILE NUMBER 1256-4

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 Christine M. Lundeen

Licensed Embalmer No. 422

P. O. Address Campbell

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.