ealth,
Welfare
Public
ervice

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Blaine Z. Hibbard

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1424

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: GROSSE NURSING HOME — Length of stay in this place: 14 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 701 EAST ARMOUR BLVD — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: SAMUEL Middle: WALLACE Last: PENDLETON, SR.

4. DATE OF DEATH: Month: JAN. Day: 11. Year: 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: MAY. 8. 1903
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): VICE PRESIDENT
10b. KIND OF BUSINESS OR INDUSTRY: CLEANERS & DYERS
11. BIRTHPLACE (City and state or country): NEWTON, NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WALLACE R. PENDLETON
14. MOTHER'S MAIDEN NAME: BELLZORA KNIPE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-01-8297
17. INFORMANT: MRS. HELEN PENDLETON Address: 701 EAST ARMOUR BLVD KANSAS CITY MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Brain Tumor (astrocytoma) — INTERVAL BETWEEN ONSET AND DEATH: 10 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 193X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Partial Resection of Tumor - April 1956 -
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 15 March 1956, to 11 January 1957 and last saw ~~him~~ him alive on 11 Jan. 1957
Death occurred at 3:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Blaine Z. Hibbard MD
22b. ADDRESS: 411 Nichols Rd - KCMo
22c. DATE SIGNED: 14 Jan 57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN. 14. 1957
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
23d. LOCATION (City, town, or county) (State): KANSAS City Missouri

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 1-14-57
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Robert Ray.....

Licensed Embalmer No. 41

P. O. Address K. C., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.