

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020486

FILED JUL 3 1959 42

Registration District No. 1000 Primary Registration District No. 679 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 1 yr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital		d. STREET ADDRESS (If outside, give location) 1411 Dewey Ave.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last SIDNEY WINTER PEMBERTON			4. DATE OF DEATH Month Day Year June 28 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-25-1924	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker		10b. KIND OF BUSINESS OR INDUSTRY Morgan Const.		11. BIRTHPLACE (City and state or country) Lone Jack Missouri	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Albert B. Pemberton		13b. MOTHER'S MAIDEN NAME Lyda Gregg	
14. NAME OF HUSBAND OR WIFE Mrs. Dorothy Pemberton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#2		16. SOCIAL SECURITY NO. 513-14-1950	
17. INFORMANT Mrs. Dorothy Pemberton		Address 1411 Dewey Ave. St. Joseph, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 9 1/2 hours	
IMMEDIATE CAUSE (a) Hemorrhage			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Self-inflicted knife wound			
DUE TO (c) Severing right femoral artery			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) after family quarrel using a home made knife	
20c. TIME OF INJURY Hour Month, Day, Year 12 30 a.m. June 28 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at his home	
20e. CITY, TOWN, OR LOCATION 1411 Dewey Ave St. Joseph, Buchanan		COUNTY STATE Missouri MO	
21. Attended the deceased from Death occurred at 1:00A m on the date stated above, and to the best of my knowledge, from the causes stated.		21. and last saw him alive on	

22a. SIGNATURE (Dr. or title) St. M. Cronor MD.		22b. ADDRESS 214 West Park St. Joe Mo		22c. DATE SIGNED 28 June 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-28-59		23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	
23d. LOCATION (City, town, or county) Excelsor Springs		23e. STATE Missouri			
24. FUNERAL DIRECTOR Stamper Funeral Home		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. July 2, 1959	
26. REGISTRAR'S SIGNATURE Mrs. Clark Handell					

DOCUMENT

BY AFFIDAVIT OF SE. McTurey M.D. MEDICAL CERTIFICATION

1959 JUL 8

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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 Charles E Bennett

Licensed Embalmer No. 14677

P. O. Address St Joseph

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.