URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59-040535

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 525

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b 36 rs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 914 So. Osage — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 914 So. Osage — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First DEWEY Middle WILMER Last PEMBLETON

4. DATE OF DEATH Month Nov. Day 21, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 8,1873
9. AGE (last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stone Mason
10b. KIND OF BUSINESS OR INDUSTRY Masonry
11. BIRTHPLACE (City and state or country) Lowell, Nebraska
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Pembleton,
13b. MOTHER'S MAIDEN NAME Emily Bennett
14. NAME OF HUSBAND OR WIFE Rosa Pembleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 495-24-6227
17. INFORMANT Joseph Pembleton, Address 4346 RockHill Rd.,K.C.,MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriasclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 11-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-24-59
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Geo.C.Carson & Sons, ADDRESS Independene, Mo.
25. DATE RECD. BY LOCAL REG. 11-24-59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard R. Francis

Signature of Student Embalmer

Licensed Embalmer No. 4830

P. O. Address Joplin, Mo.

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