URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH
FILED VS AUG 8 1960

-60-026084
STATE FILE NUMBER

NDED

Registration District No. 44 Primary Registration District No. 5147 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairview Twp. — Length of stay in 1b: 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. NW Braymer, Mo. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Caldwell
c. CITY OR TOWN B raymer — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ALBERT Middle E. Last PENCE
4. DATE OF DEATH: Month July Day 8 Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/4/1874
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): carpenter
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (City and state or country): Rockingham Co., Va.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Anderson Pence
13b. MOTHER'S MAIDEN NAME: Margaret Bowman
14. NAME OF HUSBAND OR WIFE: Henrietta Pence
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.:
17. INFORMANT: Jacob A. Pence, Braymer, 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) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Uremia. — 24 hours
DUE TO (c) Chronic Glomerulonephritis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility, Chronic bronchitis.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 June 7/60, to July 8/60 and last saw ~~her~~ him alive on July 8/60
Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) J. Pence, MD
22b. ADDRESS Braymer, Mo.
22c. DATE SIGNED 7/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7/10/1960
23c. NAME OF CEMETERY OR CREMATORY: Evergreen cemetery
23d. LOCATION (City, town, or county) (State): Braymer, Mo.
24. FUNERAL DIRECTOR: Michael Funeral Home, Braymer, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: July 26, 1960
26. REGISTRAR'S SIGNATURE: Mrs Ruth Conne Sweaney

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~or by _____, Student Embalmer No. _____~~

~~working under my personal supervision.~~

~~Student _____~~
Signature of Student Embalmer

Signed Lenb, Michael.

Licensed Embalmer No. 4340

P. O. Address Braymer,

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