MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-014680
STATE FILE NUMBER

AMENDED

FILED APR 24 1961

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia
Length of stay in 1b 23 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 236 So Lamine
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 236 So Lamine
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Maudie Middle E. Last Pendleton
4. DATE OF DEATH Month Apr. Day 15, Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 5-23-1889
9. AGE (last birthday) 71
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) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) St. Clair Co. Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Alex Rice
13b. MOTHER'S MAIDEN NAME Ellen Unknown
14. NAME OF HUSBAND OR WIFE Herbert L. Pendleton
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. None
17. INFORMANT Mrs. Dorothy Murphy Address St Clair 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) Epilepsy — INTERVAL BETWEEN ONSET AND DEATH 6 Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Sclerosis — 23 Years
DUE TO (c) Heat Stroke — In Aug. 1938
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 ☒
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 About 1935, to April 15, 1961 and last saw her alive on April 15, 1961
Death occurred at 9:35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. L. Walter (Degree or title) M.D.
22b. ADDRESS 500 West 16th, Sedalia, Mo.
22c. DATE SIGNED 4-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-17-61
23c. NAME OF CEMETERY OR CREMATORY Crown Hill
23d. LOCATION (City, town, or county) Sedalia (State) Mo

24. FUNERAL DIRECTOR McLaughlin ADDRESS Sedalia Mo
25. DATE RECD. BY LOCAL REG. Apr 17 1961
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

APR 25 1967

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 K P M Gray

Licensed Embalmer No. 3153

P. O. Address Sedalia M

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.