.300
-48

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31145

State File No.

BIRTH NO. REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): T.
c. (Last): Pendegraft

4. DATE OF DEATH (Month) (Day) (Year): 9-29-49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 4-18-1881
9. AGE (In years last birthday): 67 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Joseph Pendegraft
13b. MOTHER'S MAIDEN NAME: Un Known
14. NAME OF HUSBAND OR WIFE: Widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME Mo ADDRESS: Orville Pendegraft Montgomery Cit

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): I, O. A. Kamp, Magistrate for Montgomery County, Missouri, Acting in absence of the Coroner, certify that I held an inquiry over the body of William T. Pendegraft, Sep. 29th, 1949, and from the evidence adduced at said inquiry find that deceased, died from acute Coronary Thrombosis, on September, 29th, 1949.

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ---
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ---
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ----- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: -----

22. *I hereby certify that I attended the deceased from ----, 19__, to ----, 19__; that I last saw the deceased alive on ----, 19__, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. A. Kamp
Magistrate, Montgomery Co. Mo. Acting in Absence of Coroner.
23b. ADDRESS: Montgomery City, Mo.
23c. DATE SIGNED: 4-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-2-49 / 10-2-49
24c. NAME OF CEMETERY OR CREMATORY: Mount Horeb
24d. LOCATION (City, town, or county) (State): Near Mineola Mo

DATE REC'D BY LOCAL REG.: 10-1-49
REGISTRAR'S SIGNATURE: Bernice E. Wyatt 434
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. W. HOPKINS MONTGOMERY CITY MO.

(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 embalmed by me, ~~or by~~ on the day of Sept 1949 Student Embalmer No. ..... working under my personal supervision.

Signed C. W. Hopkins

Signed ..... Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.