

STANDARD CERTIFICATE OF DEATH

State File No. **14918**

FILED **MAY 7 1953**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3639** Registrar's No. **545**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b> <b>0581</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis</b>		d. STREET ADDRESS (If rural, give location) <b>North Cannon</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>Walter</b>	a. (First)	b. (Middle) <b>Pendelton</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>April 17, 53</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 13. 1870</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 YEAR Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Laclede, Missouri</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		

13a. FATHER'S NAME <b>Larkin C. Pendelton</b>	13b. MOTHER'S MAIDEN NAME <b>Ada Spurling</b>	14. NAME OF HUSBAND OR WIFE <b>Alice</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>None</b>	16. SOCIAL SECURITY NO. <b>499-20-3582</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ray Jones Marceline, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Dis.</b>		
	DUE TO (c) <b>Diabetes Mellitus</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-8, 1953, to 4-17, 1953**, that I last saw the deceased alive on **4-16, 1953** and that death occurred at **4:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John W. Swain M.D.</b>	23b. ADDRESS <b>Marceline, Mo</b>	23c. DATE SIGNED <b>4-18-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/19/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marceline, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-18-53</b>	REGISTRAR'S SIGNATURE <b>Mary Jones Swain</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ray M. Laughlin</b>	ADDRESS <b>Marceline, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 1962

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 X

Student Embalmer No. X

working under my personal supervision.

Student X  
Student Embalmer

Signed George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, Mo.

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