

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

365

FILED SEP 28 1953

BIRTH NO.		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>		c. LENGTH OF STAY (In this place) <u>29 YEARS</u>		c. CITY OR TOWN <u>INDEPENDENCE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>INDEPENDENCE SANITORIUM</u>				e. STREET ADDRESS (If rural, give location) <u>1940 ASH</u>				<u>7005</u>	
3. NAME OF DECEASED a. (First) (Type or Print) <u>ETHA</u>			b. (Middle) <u>MABEL</u>		c. (Last) <u>PEMBLETON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 15, 1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JANUARY 21, 1883</u>		9. AGE (In years last birthday) Months Days <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>REDFIELD, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JOSEPH W. EVAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARIA SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>DEWEY W. PEMBLETON</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. G. J. SAULTER, LINCOLN, MISSOURI</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinoma of the rectum</u>					
				DUE TO (c) <u>Patellar myocardial fibrosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Anasthesia; Bilateral Hydrothorax</u>		<u>Hydroperitonium; Peripheral Edema</u>			
19a. DATE OF OPERATION <u>About 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple Edematous Polyps</u>						20. AUTOPSY? <u>154X</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Sept. 7, 1953</u> , to <u>Sept 15, 1953</u> , that I last saw the deceased alive on <u>Sept. 15, 1953</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chas. Grabok, M. D.</u>						23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>9/17/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>SEPT. 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>9-18-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Newcomer's Home, Kansas City, Mo.</u>	

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

Handwritten

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 *Polie Kessel*

Licensed Embalmer No. *469*

P. O. Address *K. C. H.*

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.