

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7908**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Hamilton</u> c. LENGTH OF STAY (in this place) <u>4 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> c. CITY OR TOWN <u>Hamilton</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. STREET ADDRESS (If rural, give location) <u>0130</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Tillman</u> c. (Last) <u>Pendleton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 29, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 23, 1869</u>
9. AGE (In years) <u>84</u> 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) <u>Retired Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) / <u>Bedford, Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Pendleton</u>	
13b. MOTHER'S MAIDEN NAME <u>Fannie Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Pendleton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____	

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 years</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Hamilton Caldwell Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 March 1952, to March 29, 1954, that I last saw the deceased alive on March 29, 1954, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank R. Daley, M.D.</u>		23b. ADDRESS <u>Hamilton, Mo.</u>		23c. DATE SIGNED <u>3-30-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-31-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osborn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-2-54</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	37-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris A. Brown</u>	
ADDRESS <u>Hamilton, Mo.</u>				

(Licensed Embalmer's Signature on Reverse Side)

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

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.....

Licensed Embalmer No. 39

P. O. Address.....

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