

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1497

FILED APR 20 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, non resident</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>725 N. Cottage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>HENRY</u> c. (Last) <u>PENCE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1954</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 24, 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		<u>widowed</u>			Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Weston, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>James Pence</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Barrett</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie Wooses</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Joe Wills</u>	ADDRESS <u>Weston Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute + Chronic Pyelonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>605X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paravertebral Abscess</u>		
	DUE TO (c)		
II. 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	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) m.	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 4-1 ¹⁹54, to 4-1, 1954, that I last saw the deceased alive on 4-1, 1954, and that death occurred at pm, m., from the causes and on the date stated above.

23a. SIGNATURE <u>George Aaron</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>305 Professional Bldg.</u>	23c. DATE SIGNED <u>4-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-3-54</u>	REGISTRAR'S SIGNATURE <u>Staldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u>	ADDRESS <u>Weston, Mo.</u>
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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
Student Embalmer

Signed W. B. Vaughn

Licensed Embalmer No. 4023

P. O. Address Winston, N.C.

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.