

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12571**

0550  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **5646** Registrar's No. **25**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R. 1 Marionville</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R. 1 N. Buckprairie Tws. Marionville</b>                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 1</b>   |  | d. STREET ADDRESS (If rural, give location) <b>0550</b>   |  |

|   |                   |                            |  |
|---|-------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>George</b> | b. (Middle) _____ | c. (Last) <b>Pendleton</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 16, 1954</b> |
|---|-------------------|----------------------------|--|

|                    |                               |   |                                      |   |  |   |
|--------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 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>Nov. 7, 1864</b> | 9. AGE (In years last birthday) <b>89</b> | IF UNDER 1 YEAR<br>Months <b>5</b> Days <b>9</b> | IF UNDER 24 HRS.<br>Hours _____ Mins. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|--|---|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b> | 11. BIRTHPLACE (State or foreign country) <b>R. 1 Marionville, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b> |
|---|--|--|--|

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|--|--|--|
| 13a. FATHER'S NAME <b>John Pendleton</b> | 13b. MOTHER'S MAIDEN NAME <b>Clarissa Colley</b> | 14. NAME OF HUSBAND OR WIFE <b>Mrs. Jennie Pendleton</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> | 16. SOCIAL SECURITY NO. <b>no</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. George Pendleton, Marionville</b> |
|--|-----------------------------------|---|

|  |   |                                   |  |  |
|--|---|-----------------------------------|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |                                   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 hours</b> |  |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Uremia</b>   | DUE TO (b) <b>Nephrosclerosis</b> |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) <b>Atherosclerosis</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |                                   | <b>7 years</b>                                     |  |

|                              |  |   |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY?<br>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)<br><b>446 X</b> |
|--|--|---|

|  |  |                                  |
|--|--|----------------------------------|
| 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 \_\_\_\_\_, 1948 to **April 16, 1954**, that I last saw the deceased alive on **April 3, 1954** and that death occurred at **1:45 p. m.**, from the causes and on the date stated above.

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b> | 23b. ADDRESS <b>Amuro, Mo.</b> | 23c. DATE SIGNED <b>4-16-54</b> |
|--|--------------------------------|---------------------------------|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>4-18-1954</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b> |
|---|----------------------------|--|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>4-18-54</b> | REGISTRAR'S SIGNATURE <b>Ora Mc Nott</b> 157 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. B. Surrige, Marionville, Mo.</b> |
|---|--|---|

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

1956 JUN 8 NOF

**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 *Herbert J. Curridy*

Licensed Embalmer No. 3072

P. O. Address Marionville, 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.