

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25960

State File No.

BIRTH NO. _____ REG. DIST. NO. 922 PRIMARY REG. DIST. NO. 4488 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morley Mo.</u>		c. CITY OR TOWN <u>Morley</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) <u>3 years</u>		e. STREET ADDRESS (In rural, give location) <u>Morley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u>		b. (Middle) <u>H.</u>	c. (Last) <u>PENDLETON</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 5, 1874</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wythe County, Virginia</u>
12. CITIZENSHIP OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Morgan M. Pendleton</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Laura C. Pendleton</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura C. Pendleton - Morley, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic valvular heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</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 checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (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>334X</u>	
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?	
22. I hereby certify that I attended the deceased from <u>4/23</u> , 19 <u>54</u> , to <u>6/30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6/30</u> , 19 <u>54</u> , and that death occurred at <u>11-0</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. O'Beirne M.D.</u>		23b. ADDRESS <u>Arain</u>	23c. DATE SIGNED <u>M.S.</u>
24a. BURIAL, CREMATION (Specify)	24b. DATE <u>7-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morley</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-16-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shaw's Shelly, East Prairie, Mo.</u>	

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

DATE RECEIVED JUL 19 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 754-138

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.....
Harold Shelby

Licensed Embalmer No. 275

P. O. Address East Prairie

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.