FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27493
STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY LAWRENCE
b. CITY OR TOWN Aurora — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 725 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY LAWRENCE
c. CITY OR TOWN Aurora — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 725 Griffith — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Lewie Middle: G. Last: Pendleton

4. DATE OF DEATH Month: Sept. Day: 3 Year: 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2-29-1892
9. AGE (In years last birthday) 64 — 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) F.O. Custodian
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Lawrence Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Pendleton
14. MOTHER'S MAIDEN NAME Inez Hart
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Address: Mrs Alma Pendleton, Aurora, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 002X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept. 1, 1956 to Sept. 2, 1956 and last saw him alive on Sept. 2, 1956
Death occurred at 12:01 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth L. Kelsey M.D.
22b. ADDRESS Aurora, Missouri
22c. DATE SIGNED Sept. 6, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-6-56
23c. NAME OF CEMETERY OR CREMATORY Maple Park
23d. LOCATION (City, town, or county) (State) Aurora, Mo.

24. FUNERAL DIRECTOR ADDRESS Marsh Funeral Home, Aurora, Mo.
25. DATE RECD. BY LOCAL REG. Sept. 6-1956
26. REGISTRAR'S SIGNATURE Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by .....Myself....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Oscar L. Hurst.....

Licensed Embalmer No. 38

P. O. Address Jerome M

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