Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000533
STATE FILE NUMBER

FILED JAN 7 1959 Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carrollton, — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bales Hospital — Length of stay in 1b: 10 Min

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Carroll
c. CITY OR TOWN: Norborne 0170 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): N. Duncan — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Hurdley — Middle ---------- — Last Pendleton

4. DATE OF DEATH: Month Jan. Day 1, Year 1959

5. SEX: Male 2
6. COLOR OR RACE: Col.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 10, 1896
9. AGE (In years last birthday): 62 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Trunsdale Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Harry Pendleton
13b. MOTHER'S MAIDEN NAME: Mary King
14. NAME OF HUSBAND OR WIFE: Audrey Pendleton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW1
16. SOCIAL SECURITY NO.
17. INFORMANT — Address: Mrs. Hurdley Pendleton Norborne, 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): Carcinoma of Right Lung — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c): 163X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Secondary Anemia; arteriosclerosis; Asthma

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 10-1 58, to Jan 1 and last saw ~~her~~ him alive on 1-1-59
Death occurred at 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene L Bales MD
22b. ADDRESS: Carrollton Mo
22c. DATE SIGNED: 1-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-4-1959
23c. NAME OF CEMETERY OR CREMATORY: Auld Cemetery
23d. LOCATION (City, town, or county): Norborne, (State) Missouri

24. FUNERAL DIRECTOR — ADDRESS: Deitch Funeral Home Norborne, Mo.
25. DATE RECD. BY LOCAL REG.: 1-5-59
26. REGISTRAR'S SIGNATURE: Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

3 1959

JAN 12

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 James F Gibson, Student Embalmer No. 572 working under my personal supervision.

Student James F. Gibson
Signature of Student Embalmer

Signed Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.