

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021619

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3134

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3303 Harrison		Length of stay in 1b 20 yrs		d. STREET ADDRESS (If outside, give location) 622 E. 26	
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD L. PENCE			4. DATE OF DEATH Month Day Year June 25, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 24, 1918	
9. AGE (In years last birthday) 41		10. FUNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state or country) Scott Co., Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Gen. Maint.		10b. KIND OF BUSINESS OR INDUSTRY Thorton Minor Hosp.		11. BIRTHPLACE (City and state or country) Scott Co., Illinois	
13a. FATHER'S NAME James Pence		13b. MOTHER'S MAIDEN NAME Ida Rayborn		14. NAME OF HUSBAND OR WIFE Clara Pence	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 343-10-8615		17. INFORMANT Address Mrs. Clara B. Pence, 622 E. 26	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet Wound Head					INTERVAL BETWEEN ONSET AND DEATH
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Approximately Self Inflicted			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 6:25 59 p.m. P		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo			
21. I attended the deceased from _____, to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print name or title) Hugh A. Owens			22b. ADDRESS 1034 Pearl Blvd		22c. DATE SIGNED 6-26-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-27-1959		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home Woodland-Linwood		25. DATE RECD. BY LOCAL REG. 6-26-59	
26. REGISTRAR'S SIGNATURE neva mitchell					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

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 *James E. Kachler*

Licensed Embalmer No. *4573*
P. O. Address *F. O. M. D.*

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.