

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034450

FILED VS. OCT 17 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1030

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>3 days</u>		c. CITY OR TOWN <u>Marionville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Evert</u> Last <u>Pendleton</u>				4. DATE OF DEATH Month <u>October</u> Day <u>10</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-20-1889</u>		9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Lawrence Co. Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>U S A.</u>					
13a. FATHER'S NAME <u>William D. Pendleton</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Johnson</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Pendleton</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>522-16-2278</u>		17. INFORMANT <u>Howard Pendleton, Marionville, Mo.</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adeno Carcinoma prostate gland</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastasis to lungs</u> DUE TO (c) <u>Pelvic bones</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6 18 89</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>June 18 3-7</u> to <u>10-10-60</u> and last saw her alive on <u>10-10-60</u> Death occurred at <u>9:15 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Walter Russell Moschery Jr</u> (Do not sign if doctor)						22b. ADDRESS <u>Mo 10-126</u>			22c. DATE SIGNED <u>10-12-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 12, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Marionville, Missouri.</u>					
24. FUNERAL DIRECTOR <u>J. B. Swidge</u> ADDRESS <u>Marionville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-13-60</u>				26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 20 1960

OCT 18 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William A. Falke

Licensed Embalmer No. 4658

P. O. Address Marionville

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.