MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016637
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 258

FILED MAY 8 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0550
2 0550
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4 0
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13 5-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Miller — Length of stay in 1b: Native
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Miller — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. R. #1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Virgil Middle: Leander Last: Pendleton

4. DATE OF DEATH Month: April Day: 29 Year: 1963

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-22-1889

9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months: 7 Days: 7 — IF UNDER 24 HR: 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: -

11. BIRTHPLACE (City and state or country): Lawrence Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Tom Pendleton

13b. MOTHER'S MAIDEN NAME: Drusilla Johnson

14. NAME OF HUSBAND OR WIFE: Elsie Pendleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Elsie Pendleton Address: Miller Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Failure	4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Ruptured Internal Vessels	48 hrs.
DUE TO (c)	Metastatic Cancer to Intestine	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cancer of Face, neck + Chest

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 April 1 1957 to April 29 1963 and last saw him alive on April 29 1963

Death occurred at 2:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. E. Gray (Degree or title) D.O.

22b. ADDRESS Mt Vernon clinic Mt Vernon Mo

22c. DATE SIGNED 5/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE 5-1-1963

23c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove

23d. LOCATION (City, town, or county) (State): S. of Miller Mo.

24. FUNERAL DIRECTOR: E. R. Leiman ADDRESS: Miller Mo.

25. DATE RECD. BY LOCAL REG.: 5-3-63

26. REGISTRAR'S SIGNATURE: Roy Grantham

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Leman

Licensed Embalmer No. 3297

P. O. Address Milbur Mo.

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.