No. 300
10-48

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27243

BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 3031 Registrar's No. 42

50 22 22

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 305 St. Louis St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto
d. STREET ADDRESS (If rural, give location): 305 St. Louis St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harlow
b. (Middle): Edward
c. (Last): Kent

4. DATE OF DEATH (Month) (Day) (Year): Aug. 2 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 17, 1884
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): Restaurant wk.
10b. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): St. Louis - Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Robert Kent
13b. MOTHER'S MAIDEN NAME: Kathleen Hutchinson
14. NAME OF HUSBAND OR WIFE: Ruth Cotton Kent
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruth Kent — ADDRESS: De Soto, Mo.

MEDICAL CERTIFICATION

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema, pulmonary, acute — INTERVAL BETWEEN ONSET AND DEATH: 60 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic heart disease with myocardial insufficiency — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT, SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1947, 19___, *to* Aug 2, 1949, *that I last saw the deceased alive on* 8-2-, 1949, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas A. Donnell (Degree or title) MD.
23b. ADDRESS: 16 Boyd St., DeSoto, Mo
23c. DATE SIGNED: 8-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 5-1949
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Park
24d. LOCATION (City, town, or county) (State): De Soto, Mo.

DATE REC'D BY LOCAL REG.: 8/15/49
REGISTRAR'S SIGNATURE: Marie Farris H6
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mathershead — ADDRESS: De Soto, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 16 1949
District Health Office No. 9,
District File Number

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 Andrew H Langland Student Embalmer No. 232 working under my personal supervision.

Student .....
Student Embalmer

Signed J. Lee Matherohead
Licensed Embalmer No. 3531
P. O. Address De Soto, 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 this body is not embalmed, fact should be so stated above.