

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29339

29339

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1019	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (If this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Bigelow township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				d. STREET ADDRESS (If rural, give location) 1 1/2 miles west of Bigelow, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Belva b. (Middle) Marie c. (Last) Kent			4. DATE OF DEATH (Month) (Day) (Year) September 19, 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 8, 1920	
9. AGE (In years last birthday) 29		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In the home.		11. BIRTHPLACE (State or foreign country) near Craig, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME W.D. Cunningham		13b. MOTHER'S MAIDEN NAME Pearl Mallon		14. NAME OF HUSBAND OR WIFE Ray Kent	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ray Kent - Bigelow, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 230 hrs 3532
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 9/18, 1949, to 9/18, 1949, that I last saw the deceased alive on 9/18, 1949, and that death occurred at 3:45 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or like) Robert M. Conrad				23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 9/19/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Removal		24b. DATE Sept. 21, 1949		24c. NAME OF CEMETERY OR CREMATORY U.O.O.F.		24d. LOCATION (City, town, or county) (State) near Craig, Mo.	
DATE REC'D BY LOCAL REG. Sept. 20, 1949		REGISTRAR'S SIGNATURE G. B. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wilber L. Scholer - Craig Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Myself Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Scholer*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.