

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34361

State File No. _____

FILED OCT 30 1950

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 138

8102

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joy</u> <u>0330</u>	
c. LENGTH OF STAY (In this place) <u>10 mins.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottingham Clinic</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DEAN</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>KENT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 8, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married /</u>	8. DATE OF BIRTH <u>July 2, 1906</u>	9. AGE (In years last birthday) <u>44</u>	10. UNDER 1 YEAR: Months <u>3</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Army</u>	11. BIRTHPLACE (State or foreign country) <u>West Plains, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Simon L. Kent</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Rosemary Kueper Kent</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	16. SOCIAL SECURITY NO. <u>429-48-3774</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosemary Kent</u>	ADDRESS <u>Joy, Missouri</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 mins.</u>
	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.		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/8, 1950 to 10/8, 1950, that I last saw the deceased alive on 10/8, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Cottingham, Jr.</u> (Degree or title) <u>DO.</u>	23b. ADDRESS <u>Rolla Mo.</u>	23c. DATE SIGNED <u>10/8/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>October 9, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carlyle Illinois</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>10-9-50</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hallowell</u>	ADDRESS <u>Rolla, Mo.</u>
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APR 5 1951

Date Filed Oct 25 1950
County File Number

RECEIVED
Phelps County Health Officers
MAR 7 1951

OCT 30 1950

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.....

Jerry D. Doane, Student Embalmer No. 382
working under my personal supervision.

Student Jerry D. Doane
Student Embalmer

Signed J. H. Hallen
Licensed Embalmer No. 3643
P. O. Address Pelee, 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.