

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40504

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4223 Registrar's No. 94

1. PLACE OF DEATH  
a. COUNTY Holt  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maitland  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
a. STATE Missouri b. COUNTY Holt  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maitland 0440  
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
a. (First) Edward b. (Middle) M. c. (Last) Hent

4. DATE OF DEATH (Month) (Day) (Year)  
12-24-1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH 12-14-1863

9. AGE (In years last birthday) 87

10. IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work and number of hours of working life, even if retired)  
ret-farmer

10b. KIND OF BUSINESS OR INDUSTRY  
farm

11. BIRTHPLACE (State or foreign country)  
Louisiana

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
Jack Hent

13b. MOTHER'S MAIDEN NAME  
Amanda Silence

14. NAME OF HUSBAND OR WIFE  
deceased

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 ADDRESS  
Mrs Jess Christian - Maitland

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) UNKNOWN

INTERVAL BETWEEN ONSET AND DEATH 7 255

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

ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. . . . .  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY.

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 No., 19  , to   , 19  , that I last saw the deceased alive on No., 19  , and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE Howard E. Carlson 3 (Degree or title) Holt Co.

23b. ADDRESS Oregon Mo

23c. DATE SIGNED 12-26-50

24a. BURIAL, CREMATION REMOVAL (Specify)

24b. DATE 12-26-1950

24c. NAME OF CEMETERY OR CREMATORY L.O.O.F. Cem - Lebanon Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-27-50

REGISTRAR'S SIGNATURE J. Travis 122

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Johnson Merigold Mo.

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

440  
1



**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 \_\_\_\_\_  
Student Embalmer

Signed

*E. M. Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Marysville*

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.