

FILED FEB 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1467

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 221 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b> 0495	
c. LENGTH OF STAY (in this place) <b>2 WKS</b>		d. STREET ADDRESS (If rural, give location) <b>712 PEARL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3140 W. 20<sup>TH</sup> ST.</b>			
3. NAME OF DECEASED a. (First) <b>CHARLES</b> b. (Middle) <b>EARL</b> c. (Last) <b>DENT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 6 1951</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 20 1876</b>
9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>	
11. BIRTHPLACE (State or foreign country) <b>PARKERSBURG, W. VA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES A. DENT</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA HORN</b>	
14. NAME OF HUSBAND OR WIFE <b>MABEL P. DENT</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Dent - Joplin, Mo</b>	
17. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Hemorrhage</b>	
18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 MO</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Cardiovascular renal Dis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/2 X</b>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE OF OPERATION	
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)	
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 <b>11-26, 1943</b> , to <b>2-6, 1951</b> , that I last saw the deceased alive on <b>1-21, 1951</b> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>H. Bogan</b>		23b. ADDRESS <b>Baxter Spring Mo</b>	
23c. DATE SIGNED <b>2-7-51</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Baxter Spring Kan</b>	
23e. LOCATION (City, town, or county) (State) <b>Baxter Spring Kan</b>		23f. DATE <b>Feb 8 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>EMBURIAL</b>		24b. DATE <b>Feb 8 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Baxter Spring Kan</b>		24d. LOCATION (City, town, or county) (State) <b>Baxter Spring Kan</b>	
DATE REC'D BY LOCAL REG. <b>2-8-51</b>		REGISTRAR'S SIGNATURE <b>Ed. J. Jones</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter S. Shaw</b>		ADDRESS <b>Joplin, Mo</b>	

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

RECEIVED 2-13-51

Jasper County Health Office

County File Number 51-2-118

Date Filed 2-13-51

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 \_\_\_\_\_

*Lloyd C. McLeod*

Student Embalmer No. 398

working under my personal supervision.

Student *Lloyd C. McLeod*  
Student Embalmer

Signed *Dale Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.