

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1989

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5855 Registrar's No. 9

0740

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

1. PLACE OF DEATH a. COUNTY <u>NO DAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NO DAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - BARNARD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0740</u> OR TOWN <u>RURAL NEAR BARNARD</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi S.W. BARNARD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>CARL</u> c. (Last) <u>Kent</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> - <u>3</u> 19 <u>51</u>
--	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-19-1859</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
-----------------	---------------------------	---	-----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Andrew Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Andrew Kent</u>	13b. MOTHER'S MAIDEN NAME <u>Diana Silence</u>	14. NAME OF HUSBAND OR WIFE
---------------------------------------	--	-----------------------------

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 <u>Freeman Kent</u> ADDRESS <u>BARNARD MO</u>
--	-------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		<u>25 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular-renal syndrome</u> DUE TO (c)		<u>25 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>4200</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>not made</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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 28 Dec, 1949, to Jan 4, 1951, that I last saw the deceased alive on 18 Jan, 1950, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. D. Humboldt, M.D.</u> (Degree or title)	23b. ADDRESS <u>Barnard, Mo.</u>	23c. DATE SIGNED <u>1-4-51</u>
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bennett Lane</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR SAVANNAH MO</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-6-51</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah</u> ADDRESS <u>MO</u>
--	--	---



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.

Signed..... *E. E. Breit*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2650*.....

P. O. Address *Savannah*.....

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.