

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15847**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3012 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>19 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		<b>6164</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South East Mo. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>215 North Ellis Street</b>		
3. NAME OF DECEASED (Type or Print) <b>SADIE</b>		a. (First)	b. (Middle) <b>KENT</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>May 17, 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 20, 1873</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Days <b>0</b> Hours <b>27</b> IF UNDER 12 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Librarian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State College</b>	11. BIRTHPLACE (State or foreign country) <b>Des Arc, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Thos B. Kent</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Harris</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Edwin Kiefner Perryville, Mo.</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) <b>332 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>April 27, 1951</b> , to <b>May 17, 1951</b> , that I last saw the deceased alive on <b>May 17, 1951</b> , and that death occurred at <b>12:10 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Charles F. Wilcoxon</b>		23b. ADDRESS <b>714 Broadway Cape Girardeau Mo</b>		23c. DATE SIGNED <b>5-18-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 19, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Malden Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Malden, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>5-19-1951</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter's Funeral Home - Cape Girardeau, Mo.</b>		

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

1164

JUN 28 1951

MAY 21 1951  
DISTRICT HEALTH OFFICE No. C  
No. ....

**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 *Virgil W. Kelch*  
Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

**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.