

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15932

BIRTH NO. 124 REG. DIST. NO. 5267 PRIMARY REG. DIST. NO. 5267 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Christian county 68		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Highlandville Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Highlandville Mo 0220	
c. LENGTH OF STAY (in this place) 35yrd		d. STREET ADDRESS (If rural, give location) Highlandville Mo 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highlandville Mo			

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) May c. (Last) Kentling			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo 0		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Robert Wright	13b. MOTHER'S MAIDEN NAME Rachel M Cox	14. NAME OF HUSBAND OR WIFE Wm M Kentling
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Wm M Kentling, Highlandville Mo	ADDRESS Highlandville Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>5 1/2</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular Heart Disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 Jan 1950, 1950, to 27 April, 1951, that I last saw the deceased alive on 29 April, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Agnes M. P.</u> (Degree or title)	23b. ADDRESS <u>Yuma Mo</u>	23c. DATE SIGNED <u>2 May 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 30, 1951	24c. NAME OF CEMETERY OR CREMATORY Highlandville	24d. LOCATION (City, town, or county) (State) Christian Co Mo
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DATE REC'D BY LOCAL REG. <u>May 21 1951</u>	REGISTRAR'S SIGNATURE <u>Luetta Leonard</u> 59	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Chaffin</u> ADDRESS <u>Ozark, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAY 22 1951

Dist. File 251-9168

Date Filed 5-23-51

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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 F. B. Chaffin  
.....

Licensed Embalmer No. 2192

P. O. Address Ozark 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.