

No. 300  
12 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40635

State File No. ....

FILED DEC 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 5100 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Cass.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, West Boone Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, West Boone Twp.</b>	
c. LENGTH OF STAY (in this place) <b>40yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3 Miles S/W Drexel, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Not in hospital.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b>	b. (Middle) <b>V.</b>	c. (Last) <b>KENT.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15, 1951</b>
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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>Sep. 9, 1875</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Now Retired.</b>	11. BIRTHPLACE (State or foreign country) <b>Marrionville, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Kent.</b>	13b. MOTHER'S MAIDEN NAME <b>Mary A. Mallory</b>	14. NAME OF HUSBAND OR WIFE <b>Claudia Kent.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>None.</b>	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Tessie Land, Merwin, Mo.</b>	ADDRESS <b>Merwin, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Several</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arterio Sclerosis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>334x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Drexel, Missouri</b>
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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?
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22. I hereby certify that I attended the deceased from 19, to Dec. 15, 1951, that I last saw the deceased alive on 19, and that death occurred at 5:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Boyd C. Hartwig M.D.</b>	23b. ADDRESS <b>Drexel, Missouri.</b>	23c. DATE SIGNED <b>12/16/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12/17/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sharon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Drexel, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12/17/51.</b>	REGISTRAR'S SIGNATURE <b>L. A. Mangold</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Drexel, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** / 2-24-61

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed: 2-26-61

ISSUE BY \_\_\_\_\_

DATE \_\_\_\_\_

BY \_\_\_\_\_

FILED \_\_\_\_\_

STATE OF MISSOURI

DEPARTMENT OF HEALTH

STATE OF MISSOURI, DEPARTMENT OF HEALTH, DISTRICT HEALTH OFFICE No. 3, DISTRICT OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, CITY OF \_\_\_\_\_, STATE OF MISSOURI.

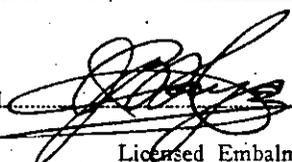
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXXXXXXXX~~

Student ~~XXXXXXXXXX~~

working under my personal supervision ~~XXXXXXXXXX~~

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

Signed  \_\_\_\_\_ J.B. Hays  
Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri

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.