

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 5 1952

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5014 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Jefferson Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Jefferson Twp.</u> | |
| c. LENGTH OF STAY (In this place) <u>3 years</u> | | d. STREET ADDRESS (If rural, give location) <u>5 miles north of St. Joseph on highway #71</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles north of St. Joseph on highway #71</u> | | | |

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|-------------------------------------|---------------------------|---------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Pearson</u> | b. (Middle) <u>Luther</u> | c. (Last) <u>Kent</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 20, 1952</u> |
|-------------------------------------|---------------------------|---------------------------|-----------------------|--|

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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>November 5, 1913</u> | 9. AGE (In years last birthday) <u>38</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>proprietor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>aircraft school</u> | 11. BIRTHPLACE (State or foreign country) <u>Albany, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Frank R. Kent</u> | 13b. MOTHER'S MAIDEN NAME <u>Cordelia Pearson</u> | 14. NAME OF HUSBAND OR WIFE <u>Neva Kent</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>491-10-5846</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Neva Kent, R.R. #3</u> | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malignant hypertension</u> | | |
| | DUE TO (c) <u>nephro-sclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 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 1946, 19 , to 1-20-, 1952, that I last saw the deceased alive on 1-20-52, 1952, and that death occurred at 1:30p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. Vander M. D.</u> | (Degree or title) | 23b. ADDRESS <u>311 Physician & Surgeons Bldg., St. Joseph Missouri</u> | 23c. DATE SIGNED <u>1-21-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/22/1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>1-28-52</u> | REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u> | ADDRESS <u>General Home St. Joseph, Mo.</u> |
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(Licensed Practitioner's Statement on Reverse Side)

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

0020
1

FEB 26 1953

FEB 26 1953

MAR 20 1952

FEB 9 5 1952

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *William Galling*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4535*.....

P. O. Address *395 10th St Joseph*.....

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.