

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15848

State File No.

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 42

0201

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

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CEAR</u>	
b. CITY OR TOWN <u>ELDORADO SPGS MO</u>	c. LENGTH OF STAY (In this place) <u>10 days</u>	c. CITY OR TOWN <u>ELDORADO SPGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHAMBERS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>505 S. MAIN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>KENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 14, 1928</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, with if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>CASS CO, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>A.L. FORGEY</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCIS J. PHILLIPS</u>	14. NAME OF HUSBAND OR WIFE <u>R.L. KENT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.L. KENT (SAME AS ABOVE)</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, probably uterine</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	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	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) <u>174X</u>
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 29 Mar., 1952 to 4 June, 1952, that I last saw the deceased alive on 4 June, 1952, and that death occurred at 12:59 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Phillipine Eldorado Springs Jones</u>	23b. ADDRESS <u>Eldorado Springs, Mo.</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION TOWN</u>
24d. LOCATION (City, town, or county) (State) <u>UNION TOWN KAN</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mapes Funeral Home Eldorado SPGS</u>	

DATE REC'D BY LOCAL REG. 6/6/52 REGISTRAR'S SIGNATURE George W. Baker 4187
June 7, 1952 J. Hamilton, Deputy (Licensed Embalmer's Statement on Reverse Side)

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 George W. Maples

Licensed Embalmer No. 2752

P. O. Address El Dorado Springs, 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.