

FILED JUL 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 19276

043
Cally

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

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>420 S. OLIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 S. OLIVE</u>			
3. NAME OF DECEASED a. (First) <u>FRED</u> b. (Middle) <u>B</u> c. (Last) <u>KENT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28-52</u>	
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>SEPT 14-1884</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICIAL</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>CLERICAL</u>	
11. BIRTHPLACE (State or foreign country) <u>WRIGHT CITY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wm L. KENT</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. JULIA KENT</u>			
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>UNK</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JULIA KENT</u>		ADDRESS <u>MEXICO, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aneurysm - Cardiothoracic</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>Atherosclerosis</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 <u>260x</u>	
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)			
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 <u>July 5th</u> , 19 <u>51</u> , to <u>6/28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/28</u> , 19 <u>52</u> , and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Frank J. Kelly, M.D.</u>		23b. ADDRESS <u>117 E. Monroe St. Mexico, Mo.</u>	
23c. DATE SIGNED <u>7/1/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-30-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>MEXICO, MO</u>	
DATE REC'D BY LOCAL REG. <u>July 1-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold, Jr.</u>		ADDRESS <u>MEXICO, MO</u>	

7-271

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 *Cleo Arnold*

Licensed Embalmer No. 3569

P. O. Address *Murphy M*

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.