

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21037**

No. 300  
10.48

FILED JUN 30 1952 BIRTH NO. REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **56**

542

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

1. PLACE OF DEATH a. COUNTY <b>Lafayette-Bevington Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b> LENGTH OF STAY (in this place) <b>12 Hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hardin</b> <b>0890</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Memorial Hospital Lexington</b>		d. STREET ADDRESS (If rural, give location) <b>off of the Main Street</b> <b>Street Address Block</b>	
3. NAME OF DECEASED a. (First) <b>James</b> b. (Middle) <b>Oscar</b> c. (Last) <b>Kenton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 16 - 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb. 27 - 1876</b>
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>8</b>	IF UNDER 24 HRS. Hours <b>12</b> Min.
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>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>Henry Kenton</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha E Freeman</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-34-1059</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Opal F. Lampton</b>		ADDRESS <b>Hardin Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auto. Accident</b>			
DUE TO (c) <b>E8234 32</b>			
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"/>		<b>054</b>	
21a. ACCIDENT (Specify) SUICIDE <b>Accident</b> HOMICIDE <b>Acco</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 13</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>East of Lexington Lafayette Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 16 52 5:30</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>On a curve car did not make corner - turned over</b>	
22. I hereby certify that I attended the deceased from <b>June 15, 1952</b> to <b>June 16, 1952</b> ; that I last saw the deceased alive on <b>June 12, 1952</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph Waidner</b> (Degree or title)		23b. ADDRESS <b>Lexington Mo</b>	
23c. DATE SIGNED <b>6-25-52</b>		24a. BURIAL (CREMATION) (Specify) <b>buried</b>	
24b. DATE <b>June 18-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hardin Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>East of Hardin Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wutschild &amp; Boieherding</b>	
DATE REC'D BY LOCAL REG. <b>6-27-52</b>		REGISTRAR'S SIGNATURE <b>Wm. S. Sastabudak</b>	

(Licensed Embalmer's Statement on Reverse Side)

