S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. MARSHALL 22740
State File No.

FILED AUG 18 1952

BIRTH NO. REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 2000 Registrar's No. 752

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD Rural, South Campbell
d. STREET ADDRESS (If rural, give location): ROUTE # 9

3. NAME OF DECEASED (Type or Print)
a. (First): ESSIE
b. (Middle): MAY
c. (Last): KENT

4. DATE OF DEATH (Month) (Day) (Year): AUG. 11, 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 10 1890
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): SPRINGFIELD, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ROSS T. PATTERSON
13b. MOTHER'S MAIDEN NAME: BELL SHEELEY
14. NAME OF HUSBAND OR WIFE: W.J. KENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: W.J. KENT — **ADDRESS**: ROUTE # 9 SPRINGFIELD, MO.

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic coronary thrombosis — year.
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: 4201
20. AUTOPSY? YES [X] NO [ ]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/3, 1952, *to* 8-11, 1952, *that I last saw the deceased alive on* 8-11-, 1952, *and that death occurred at* 11 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Homer R. Marshall, M.D. (Degree or title)
23b. ADDRESS: Professional Bldg.
23c. DATE SIGNED: 8-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/14/52
24c. NAME OF CEMETERY OR CREMATORY: HAZELWOOD
24d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG.: 8-15-52
REGISTRAR'S SIGNATURE: Earl Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: H.H. LOHMEYER — **ADDRESS**: SPRINGFIELD, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

SEP - 2 1962

AUG 27 1962

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 R L McCann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.