

S. No. 300
v. 10-48

SEP 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31218

State File No.

BIRTH NO. 49461 REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4125 Registrar's No. 12

1. PLACE OF DEATH: a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hammersville Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hammersville Mo.</u>	
c. LENGTH OF STAY (in this place) <u>10 Days</u>		d. STREET ADDRESS (If rural, give location) <u>8358</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Private Home</u>			

3. NAME OF DECEASED (Type or Print) <u>JERRY GLENN KENT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-27-1952</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 21, 1952</u>	9. AGE (In years last birthday) <u>1</u>	10. UNDER 1 YEAR Months <u>1</u> Days	11. UNDER 2 HRS. Hours	12. UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>George Kent</u>		13b. MOTHER'S MAIDEN NAME <u>Elaine Kent</u>		14. NAME OF HUSBAND OR WIFE			
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elaine Kent, Hammersville Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bacteriemia</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 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)		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 8-20, 1952 to 8-26, 1952, that I last saw the deceased alive on 8-26, 1952, and that death occurred at 8 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. W. Wilson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Keene H. Mo.</u>		23c. DATE SIGNED <u>8-29-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hammersville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hammersville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-10-52</u>		REGISTRAR'S SIGNATURE <u>Bertha Kersovich</u> <u>86-10</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. T. ...</u>			
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(Licensed Embalmer's Statement on Reverse Side)

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

350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-16-52

COUNTY FILE NUMBER 952-256

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.....

Licensed Embalmer No.....

P. O. Address.....

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.