

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHD 9 N
State File No. **31326**

FILED OCT 6 1952

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| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>883</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | |
| b. CITY OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (In this place) <u>20</u> years | | c. CITY OR TOWN <u>Springfield,</u> | | 0396 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2241 N. Main</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2241 N. Main</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Joseph</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Kent</u> | |
| 4. DATE OF DEATH <u>September 29, 1952</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>March 22, 1864</u> | | 9. AGE (In years last birthday) <u>88</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Cornwall, England</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>John Kent</u> | | 13b. MOTHER'S MAIDEN NAME <u>Pliliona Mart</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs. Helen M. Kent</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen M. Kent</u> ADDRESS <u>Springfield,</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>Arterio Sclerotic Heart Disease</u> Mo. INTERVAL BETWEEN ONSET AND DEATH <u>NOT KNOWN</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"/> | | 4200 | |
| 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 _____, 19____, to <u>9-15, 1952</u> , that I last saw the deceased alive on <u>9-15, 1952</u> , and that death occurred at <u>9:30am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Thos. Velt</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>Springfield Mo</u> | | 23c. DATE SIGNED <u>10-3-52</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 3, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>10-3-52</u> | | REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman-Scharpf Funeral Home, Inc.</u> | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side) Springfield, Missouri

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

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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 L. Pauline Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Mass

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.