

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1953

State File No. **30129**
Registrar's No. **7403**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7403			
1. PLACE OF DEATH a. COUNTY ST. LOUIS MO				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROCK TOWNSHIP 1		d. STREET ADDRESS (If rural, give location) NEAR BARNHART MO			
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS HOSP.				d. STREET ADDRESS (If rural, give location) NEAR BARNHART MO					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) GEORGE c. (Last) KENTCH			4. DATE OF DEATH (Month) (Day) (Year) JULY 30-53						
5. SEX M.O	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH JAN 31. 1869		9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ROCK QUARRY		11. BIRTHPLACE (City and State or Foreign Country) ? IOWA. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME POLK KENTCH			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LENA KENTCH				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LENA KENTCH BARNHART 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia; Fracture of right leg; suffered when struck by car operated by one Mrs. Bedwile white DUE TO accident crossing Hwy #61 near Koller City, Mo. on July 23, 1953, at about 3:55 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident 250						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 355 pm Accident 250					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Koller City MO					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) July 23 53 2:55 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 812.4					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Patrick C Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7.30.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 2-53	24c. NAME OF CEMETERY OR CREMATORY BURGESS CEM.		24d. LOCATION (City, town, or county) (State) ANTONIA MO					
DATE RECD BY LOCAL REG. III 30 1953	REGISTRAR'S SIGNATURE Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL					

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 Arthur W. Huley

Licensed Embalmer No. 3876

P. O. Address Imperial Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.