

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1953 REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5096** Registrar's No. **113**

1. PLACE OF DEATH
a. COUNTY **BATES**

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **BATES**

b. CITY OR TOWN **RURAL-MIPESANTTWP** c. LENGTH OF STAY (in this place) **4 YRS.**
c. CITY OR TOWN **RICH HILL** d. STREET ADDRESS **0070**

d. FULL NAME OF HOSPITAL OR INSTITUTION **PINE TREE CONV. HOME** (If rural, give location) **0**

3. NAME OF DECEASED
a. (First) **ANDREW** b. (Middle) **PERRY** c. (Last) **KENT**

4. DATE OF DEATH (Month) (Day) (Year) **DEC-4-1953**

5. SEX **MALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **DIVORCED** **8. DATE OF BIRTH** **MAY-2-1883**

9. AGE (In years last birthday) **70** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **LABORER** **10b. KIND OF BUSINESS OR INDUSTRY** **COMMON LABOR.** **11. BIRTHPLACE** (City and State or Foreign Country) **VIRGINIA** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **TESSIE KENT** **13b. MOTHER'S MAIDEN NAME** **UNKNOWN** **14. NAME OF HUSBAND OR WIFE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** **S. H. Fisher, Jr. Rich Hill, Mo.** **ADDRESS**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
18. CAUSE OF DEATH
*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) **Coronary Peritonitis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Hypertension**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 days
10 years

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **331X** **20. AUTOPSY?** YES 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) **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 May, 1953, to Dec. 4th, 1953, that I last saw the deceased alive on Dec. 4th, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **L. S. Luther, M.D.** **23b. ADDRESS** **Butler, Mo.** **23c. DATE SIGNED** **12-8-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **DEC-6-1953** **24c. NAME OF CEMETERY OR CREMATORY** **GREEN LAWN CEM.** **24d. LOCATION** (City, town, or county) (State) **RICH HILL MISSOURI**

DATE REC'D BY LOCAL REG. **Dec. 8-53** **REGISTRAR'S SIGNATURE** **Nendall K...** **25. FUNERAL DIRECTOR'S SIGNATURE** **South Funeral Soc. Rich Hill, Mo.** **ADDRESS**

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

0070 X

10311

DEC 22 1988

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 John G Underwood
Licensed Embalmer No. 3585
P. O. Address Butler MD

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.