

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8595

State File No. ....

FILED APR 7 1954

1226

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>3330 Raytown Road</u>				e. STREET ADDRESS (If rural, give location) <u>3330 Raytown Road 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>La Forest</u>			b. (Middle) .....		c. (Last) <u>Dent</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 17-1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 18-1905</u>		9. AGE (in years last birthday) <u>48</u>	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) <u>Musician in the Civil Service</u>		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (City and State or Foreign Country) <u>Des Moines Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leyman J. Dent</u>			13b. MOTHER'S MAIDEN NAME <u>Alta Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Beatrice Dent</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>468-05-6285</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beatrice Dent</u> ADDRESS <u>3330 Raytown Rd.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Dehydration</u>  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Anemia and Cachexia</u>  DUE TO (c) <u>Cirrhosis of the Liver</u>  II. OTHER SIGNIFICANT CONDITIONS <u>no other</u>  Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH          <u>5810</u>			
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION .....				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) .....		21f. HOW DID INJURY OCCUR? .....	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) .....		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 <u>March 15, 1954</u> , to <u>March 17, 1954</u> , that I last saw the deceased alive on <u>March 17, 1954</u> and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George H. Tar</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>2204 East 18th St.</u>		23c. DATE SIGNED .....	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-19-54</u>		REGISTRAR'S SIGNATURE <u>Steldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed..... *C. Kenneth Greig*

Licensed Embalmer No. *214*

P. O. Address *A. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.