

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13657**  
Registrar's No. **3344**

FILED APR 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo. c. LENGTH OF STAY (in this place) 7 Days		a. STATE Missouri b. COUNTY Greene	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN Springfield, d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1326 E. Grand Ave. 0344	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) J AMES	b. (Middle) WILLIAMS	c. (Last) KENT	April	13,	1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 19, 1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Broker		10b. KIND OF BUSINESS OR INDUSTRY Ins & Real Estate		11. BIRTHPLACE (City and State or Foreign Country) Olney, Illinois,	
				12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Edmund C. Kent		13b. MOTHER'S MAIDEN NAME Barbara A. Cutshall		14. NAME OF HUSBAND OR WIFE Lois Kent	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) No. Nil.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lois Kent 1326 E. Grand, Springfield,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Missouri.		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor (Malignant)		ANTECEDENT CAUSES Right Parietal lobe non-metastatic		1 mo	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		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 checked="" 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) 193A	
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 April 6, 1954, to April 13, 1954, that I last saw the deceased alive on April 13, 1954, and that death occurred at 9:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4-14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-14-54		24c. NAME OF CEMETERY OR CREMATORY -----	
				24d. LOCATION (City, town, or county) (State) Springfield, Missouri.	

DATE REC'D BY LOCAL REG APR 14 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

JUN 7 6 1954

NOV 15 1954

**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 *John S. Dennehy*.....  
Licensed Embalmer No. 41

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.