

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

FILED AUG 5 - 1954

STANDARD CERTIFICATE OF DEATH

4534 State File No. 26092

BIRTH NO. _____ REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 36 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caledonia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caledonia 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) MARGARET (Type or Print) b. (Middle) LOUISE c. (Last) DENT			4. DATE OF DEATH Month July Day 25 Year 1954			
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr 23, 1866	9. AGE (In years last birthday) 88	10. UNDER 1 YEAR 3 Months	11. UNDER 24 HRS. 2 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Columbia Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James P. Bowling	13b. MOTHER'S MAIDEN NAME Martha Temperance	14. NAME OF HUSBAND OR WIFE William J. Dent
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. no	17. INFORMANT'S SIGNATURE OR NAME Miss Florence Henderson
		ADDRESS

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 Caledonia MO.		INTERVAL BETWEEN ONSET AND DEATH 12 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior Sclerosis 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 f221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1936 to 7-25, 1954 that I last saw the deceased alive on 7-22, 1954 and that death occurred at 9:01 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Ironton, MO.	23c. DATE SIGNED 7-27-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-27-54	24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	24d. LOCATION (City, town, or county) (State) Caledonia Mo.
DATE REC'D BY LOCAL REG. 7-29-54.	REGISTRAR'S SIGNATURE Mrs. Della White	25. FUNERAL DIRECTOR'S SIGNATURE Ruel J. White	ADDRESS White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

AUG 4 1954

WASH. COUNTY HEALTH DE

File No. _____

JAN 13 1954
6 10 AM

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 Rachel G. White

Licensed Embalmer No. 3012

P. O. Address Greentown, 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.