

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34693

State File No.

FILED OCT 27 1954

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5829 Registrar's No. 23

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| 1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI.</u> b. COUNTY <u>NEW MADRID.</u> | |
| b. CITY OR TOWN <u>RI. PORTAGEVILLE</u> | c. LENGTH OF STAY (in this place) <u>5 YEARS</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>RI PORTAGEVILLE</u> <u>0720</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u> | | d. STREET ADDRESS (If rural, give location) <u>NONE</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) _____ c. (Last) <u>DENT</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-15-54</u> |
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| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>unk.</u> | 9. AGE (In years last birthday) <u>unk.</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 12 HRS. Hours _____ Min. _____ |
|------------------|---------------------------------|---|------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>DAY WORK.</u> | 11. BIRTHPLACE (State or foreign country) <u>unk.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>MISS. U.S.A.</u> |
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| 13a. FATHER'S NAME <u>UNK.</u> | 13b. MOTHER'S MAIDEN NAME <u>UNK.</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|--------------------------------|---------------------------------------|-----------------------------------|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>World War</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____ |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Deкомпensation</u> | | <u>6 hrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Essential</u> DUE TO (c) <u>Nephrosis</u> | | <u>3 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>diabetes mellitus</u> | | <u>634 hrs</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>591X</u> |
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|---|--|----------------------------------|
| 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 7-1-, 1953, to 9-15-, 1954, that I last saw the deceased alive on 9-14-, 1954, and that death occurred at 7:42 p.m., from the causes and on the date stated above.

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|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>James O. Cameron D.O.</u> | 23b. ADDRESS <u>Marion - Mo</u> | 23c. DATE SIGNED <u>9-24-53</u> |
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|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>SEPT-19-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u> | 24d. LOCATION (City, town, or county) (State) <u>RI. PORTAGEVILLE Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>10-24-54</u> | REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Unold Co. New Madrid, Mo.</u> | ADDRESS _____ |
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(Licensed Embalmer's Statement on Reverse Side)

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

0720

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 _____

Tommy L. Roberts

Licensed Embalmer No. *4886*

P. O. Address *New Madrid, Mo.*

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.