

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22084  
3092

FILED AUG 11 1955

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <i>Life</i> <b>4</b> <b>DAYS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>3330 RAYTOWN ROAD</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>LA FOREST</b> c. (Last) <b>DENT JR.</b>			4. DATE OF DEATH <b>JULY 16 1955</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>June 12, 1927</b>		9. AGE (In years last birthday) <b>28</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <i>add jobs.</i>		11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>JAMES L. DENT SR.</b>		13b. MOTHER'S MAIDEN NAME <b>BEATRICE THOMPSON</b>		14. NAME OF HUSBAND OR WIFE <b>GLADYS DENT</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW II</b>		16. SOCIAL SECURITY NO. <b>487-26-5942</b>		17. INFORMANT'S SIGNATURE OR NAME <b>OFFICIAL RECORDS, VA HOSPITAL, KANSAS CITY, MO.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MEDICAL CERTIFICATION ruptured Pancreas Hemorrhagic pancreatitis which caused arterial erosion with massive retro-peritoneal hemorrhage Trauma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Edema</b>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>E 8/16/55</b>		
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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>55th &amp; Charlotte</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Kansas City</b> (COUNTY) <b>Jackson</b> (STATE) <b>Missouri</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 11, 1955 4 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Traffic, 2 Car Accident</b>				
22. I hereby certify that I attended the deceased from <b>July 12, 1955</b> , to <b>July 16, 1955</b> , that death occurred at <b>9:25A m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <i>Marvin R. Gillman</i>				23b. ADDRESS <b>1618 Lydia Ave VA Hospital, Kansas City, Mo.</b>		23c. DATE SIGNED <b>July 17, 1955</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/21/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>7-21-55</b>		REGISTRAR'S SIGNATURE <i>Neve Marshall</i>		FUNERAL DIRECTOR'S SIGNATURE <i>C. E. Dennis</i>		ADDRESS <b>1415 Truman</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
L. M. Gillman, M.D. Marvin R. Gunn, M.D.

---

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 *Landis A. Jackson*

Licensed Embalmer No. *48*

P. O. Address *A. C. Co.*

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.