

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Sh. Weisman
State File No. 1608

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Charleston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>	c. CITY OR TOWN <u>Baxter Springs</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1105 Grant ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James William</u> b. (Middle) _____ c. (Last) <u>Stent</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-56</u>
---	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 19-1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
--------------------	-------------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>shoe salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Seneca, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>Marshall Stent</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Flourence Stent</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. (If yes, state year or dates of service) <u>514-18-5879</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Flourence Stent</u>	ADDRESS <u>Wife</u>
--	---	--	---------------------

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, ashenia, 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>Body Kinis Disease</u>		<u>about 18 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>201X</u>	

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) _____
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 12/29, 1955 to 1-17, 1956; that I last saw the deceased alive on 1-17, 1956; and that death occurred at 1030 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. K. Weisman MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>717 Franklin Bldg</u>	23c. DATE SIGNED <u>1/18/56</u>
--	-----------------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Spgs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs, Mo.</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-20-56</u>	REGISTRAR'S SIGNATURE <u>J. C. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lance Wene</u>	ADDRESS <u>Baxter Spgs</u>
---	--	--	----------------------------

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

JAN 27 1956

REC'D JAN 23 1956
County Health Office
County File Number 56-1-82
also Filed JAN 23 1956

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 Wene Funeral Home, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 2880

P. O. Address Barth's Bldg

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