

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hart Clinic</u>		Length of stay in 1b <u>8 days</u>	
		d. STREET ADDRESS <u>X X X</u> (If outside, give location)	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Louis Elec Dent</u>	First <u>Louis</u> Middle <u>Elec</u> Last <u>Dent</u>	4. DATE OF DEATH <u>April 22 1957</u>	Month <u>April</u> Day <u>22</u> Year <u>1957</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 31 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Dent Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13. FATHER'S NAME <u>Louis H Dent</u>	14. MOTHER'S MAIDEN NAME <u>Amanda Dixon</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT <u>Clyde Dent</u>	Address <u>Salem Mo</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Senility</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4500</u>
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20c. TIME OF INJURY Hour <u>4:50</u> a. m. <u>00</u> p. m. <u>00</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Salem</u>	COUNTY <u>Missouri</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>April 14, 1957</u> to <u>April 22, 1957</u> and last saw <u>him</u> alive on <u>April 21</u> Death occurred at <u>5 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Martin Hartman</u> (Doctor or title)	22b. ADDRESS <u>Salem, Missouri</u>	22c. DATE SIGNED <u>4/23/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-24-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dent Cemetery</u>	23d. LOCATION (City, town, or county) <u>Dent Co. Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Carl R. Spurr</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4/23/57</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Hartman / PIM</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
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MAY 23 1958

MAY 18 1958

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.....
Carl H. Jensen

Licensed Embalmer No. *235*

P. O. Address *Salm*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.