

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039396

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 103

S. 300
1-57

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>		d. STREET ADDRESS <u>3rd street</u>	
3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>Frank</u> Last <u>Dent</u>		4. DATE OF DEATH Month <u>12</u> Day <u>3</u> Year <u>1958</u>	
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>May 16 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	11. BIRTHPLACE (City and state or country) <u>Dent Co Mo</u>
13a. FATHER'S NAME <u>Ferguson Dent</u>		13b. MOTHER'S MAIDEN NAME <u>R. Resign</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Dent</u>
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>491-18-5203A</u>	17. INFORMANT <u>Louis Dent</u> Address <u>Salem Mo</u>
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>Generalized arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <u>1/15/46</u> to <u>12/3/58</u> and last saw <u>him</u> alive on <u>12/3/58</u> Death occurred at <u>1:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Martin Dent</u>		22b. ADDRESS <u>Salem, Mo.</u>	
22c. DATE SIGNED <u>12/5/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-5-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Salem Dent Mo</u>
24. FUNERAL DIRECTOR <u>Spencer Funeral Home inc</u>		25. DATE RECD. BY LOCAL REG. <u>12/5/58</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Dent, M. D. by A. M.</u>

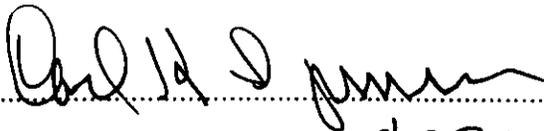
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Secular, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 2370

P. O. Address Salmon, WA

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.