

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008254

STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		c. CITY OR TOWN LaPlata,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION & CLINIC GRIM-SMITH HOSPITAL & CLINIC		d. STREET ADDRESS (If outside, give location) LaPlata, Missouri	
3. NAME OF DECEASED (Type or print) First Lester Middle (nmn) Last Dent		4. DATE OF DEATH Month March Day 11 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> / NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-12-04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Writer		11. BIRTHPLACE (City and state or country) LaPlata, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Buen Dent		14. MOTHER'S MAIDEN NAME Allie Norfolk	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-34-8337	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 1 month.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary insufficiency.			
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"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
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	COUNTY STATE
21. I attended the deceased from 2-15-59 to 3-11-59 and last saw him him alive on 3-11-59		Death occurred at 11:40 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE O. W. Hasselblad, M.D.		22b. ADDRESS Kirkville, Missouri	22c. DATE SIGNED 3-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 13 Mar 59	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery	23d. LOCATION (City, town, or county) (State) La Plata, Mo.
24. FUNERAL DIRECTOR Wilson Funeral Home, LaPlata, Mo.		25. DATE RECD. BY LOCAL REG. 3-17-1959	26. REGISTRAR'S SIGNATURE Dora W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
O. W. HASSELBLAD, M.D.

APR 14 1959

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 *Kenneth Wilson*

Licensed Embalmer No. 4701

P. O. Address La Plata,

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.