

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009202
STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 17

300
-57

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>	
b. CITY OR TOWN <u>BIGELOW TWP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>BIGELOW</u> <u>0440</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 MI. S.W. BIGELOW</u> Length of stay in lb <u>51 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>6 MI. S.W.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First Middle Last
SUSAN ELIZABETH KENT

4. DATE OF DEATH Month Day Year
APRIL 5, 1959

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH SEPT. 30, 1879 79

9. AGE (In years of birthday) 79 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 11. BIRTHPLACE (City and state or country) OSBORNE CO., KAN. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY IN THE HOME 11. BIRTHPLACE (City and state or country) OSBORNE CO., KAN. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GREELY W. HUNT 13b. MOTHER'S MAIDEN NAME ALICE DAVIS 14. NAME OF HUSBAND OR WIFE ALFRED KENT

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. NONE 17. INFORMANT MRS. MOSS SMITH, BigeLOW, Mo.

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 Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Thrombosis
DUE TO (c) Atherosclerosis advanced
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
INTERVAL BETWEEN ONSET AND DEATH 1 wk
4
unknown

20a. ACCIDENT SUICIDE HOMICIDE 20b. 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 NOT WHILE AT WORK 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 July 1, 1952 to April 5, 1959 and last saw her live on April 5, 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. F. Sweeney M.D. 22b. ADDRESS Oregon, Mo 22c. DATE SIGNED 4/5/1959

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-8-1959 23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE 23d. LOCATION (City, town, or county) (State) MOUND CITY, MO.

24. FUNERAL DIRECTOR ADDRESS James Crawford, Mound City, Mo. 25. DATE RECD. BY LOCAL REG. 4/7/1959 26. REGISTRAR'S SIGNATURE James Crawford

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *James H. Crawford*

Licensed Embalmer No. *4796*

P. O. Address *Mound City, Mo.*

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.