pt. Health,
, & Welfare
S. Public
lth Service

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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020982
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 669

1. PLACE OF DEATH a. COUNTY Greene b. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Handley Hospital — Length of stay in Ib 35 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Springfield, — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 1610 N. Campbell — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First HELEN Middle M. Last KENT

4. DATE OF DEATH Month June Day 18 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH December 31, 1869

9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 5 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY In Home

11. BIRTHPLACE (City and state or country) Sittingbourne, England

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Baker Cooper

13b. MOTHER'S MAIDEN NAME Maria Hutchings

14. NAME OF HUSBAND OR WIFE Joseph Kent

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Robert E. Boyd Address Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypostatic Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fractured Rt. Hip Result

DUE TO (c) of Fall at Home 5/31/59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9040 21

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

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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 May 31, 1959, to 6/18/59 and last saw her/him alive on 6/18/59

Death occurred at 8:10 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lyman D. Brown M.D. (Degree or title)

22b. ADDRESS 311½ College Sfld Mo

22c. DATE SIGNED 6/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 20, 1959

23c. NAME OF CEMETERY OR CREMATORY Greenlawn

23d. LOCATION (City, town, or county) Springfield, Missouri (State)

24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home ADDRESS Springfield, Missouri

25. DATE RECD. BY LOCAL REG. 6-23-59

26. REGISTRAR'S SIGNATURE Effie L. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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 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 Louis G Scharff

Licensed Embalmer No. 3802

P. O. Address Springfield

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.