ot. Health,
, & Welfare
S. Public
th Service

. S. 300
v. 1-57

FILED VS MAR 25 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

60-010073

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ppolar Bluff — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis 2009 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Doctors Hospital — Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) 2213 R. Benton — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ANNA	Middle SUE	Last KENT	4. DATE OF DEATH Month March Day 6, Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]	8. DATE OF BIRTH Oct. 17, 1934	9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR Months Days — 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	11. BIRTHPLACE (City and state or country) Perry County Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Meese	13b. MOTHER'S MAIDEN NAME Berta Lou Lee	14. NAME OF HUSBAND OR WIFE Raymond C. Kent		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 491-36-2755	17. INFORMANT Mr. Raymond C. Kent	Address 2213 Benton St. Louis, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

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

DUE TO (b) Undiagnosed heart disease

DUE TO (c) 4344

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 [ ] NO [ ] 0

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

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 _____, to _____ and last saw her/him alive on _____

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) David N. Miller M.D.	22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED 3-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-9- 1960	23c. NAME OF CEMETERY OR CREMATORY Stamfield Cemetery	23d. LOCATION (City, town, or county) (State) Clarkton, Missouri
24. FUNERAL DIRECTOR Lloyd Russell	ADDRESS Piggott, Arkansas	25. DATE RECD. BY LOCAL REG. 3/16/60	26. REGISTRAR'S SIGNATURE R H Mitchell

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.

10

MAR 28 1960

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 Gerald W. Hoggard, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Gerald Hoggard

Licensed Embalmer No. 1116

P. O. Address Dygart

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.