

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014728

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 45

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 8 1962

1. PLACE OF DEATH
 a. COUNTY Dent
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem Length of stay in 1b 72yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Dent
 c. CITY OR TOWN Salem Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) McArthur Ave Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Belle Last Dent 4. DATE OF DEATH Month May Day 6 Year 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-8-89 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 x 11. BIRTHPLACE (City and state or country) Salem Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Elbridge Linton Dye 13b. MOTHER'S MAIDEN NAME Ary Sprague 14. NAME OF HUSBAND OR WIFE Louis Dent

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. x 17. INFORMANT Louis Dent Address Salem 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) Arteriosclerotic heart disease (410-516)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 3/5/46 to 5/6/62 and last saw her live on 5/3/62
 Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Type or print) 22b. ADDRESS Salem, Missouri 22c. DATE SIGNED 5/7/62

23a. BURIAL, CREMATION, & REMOVAL (Specify) burial 23b. DATE May 8 1962 23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem 23d. LOCATION (City, town, or county) (State) Salem Mo

24. FUNERAL DIRECTOR Spencer Funeral Home Inc ADDRESS 25. DATE RECD. BY LOCAL REG. 5/7/62 26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 19 1962

MAY 16 1962

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 Carl H. Spencer

Licensed Embalmer No. 9370

P. O. Address Palmer Me

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.