

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15148**

FILED JUN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **2-13**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>30 Yrs</b>		e. STREET ADDRESS (If rural, give location) <b>1500 Hill St Cape Girardeau</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1500 Hill St Cape Girardeau</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Pearl</b> b. (Middle) <b>C</b> c. (Last) <b>Kent</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1954</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 17, 1892</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Days <b>1</b>	IF UNDER 24 HRS. Hours <b>17</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mo Utilities</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chester Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Andrew Kent</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Weekley</b>	14. NAME OF HUSBAND OR WIFE <b>Manna Kent</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>486-14-2866</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Manna Kent</b>	ADDRESS <b>Cape Girardeau Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac asthma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Heart Knout</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4-34-2</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 2, 1954** to **June 4, 1954** that I last saw the deceased alive on **June 2, 1954**, and that death occurred at **1045P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. H. Edwards</b>	(Degree or title) _____	23b. ADDRESS <b>Jackson Mo</b>	23c. DATE SIGNED <b>6-5-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/6/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Toana Cent</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Co Missouri</b>
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DATE REC'D BY LOCAL REG <b>6-8-54</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Edwards</b>	ADDRESS <b>Cape Girardeau Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *L. J. Haman* .....

Licensed Embalmer No. *2863* .....

P. O. Address *Cape Girardeau* .....

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.