

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34333

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	c. LENGTH OF STAY (In this place) 48 hr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) 648 East Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) PIERSON c. (Last) DENT			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27, 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Factory	11. BIRTHPLACE (State or foreign country) Sedan, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Lindsey Dent		13b. MOTHER'S MAIDEN NAME Jeanette Tabor		14. NAME OF HUSBAND OR WIFE Sydney Nelson Dent	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-07-6597		17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Lashley, dau. ADDRESS Sedalia, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ventricular Fibrillation</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary Embolism</i>		
	DUE TO (c) <i>Acute Pneumonitis Rthung</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General Arteriosclerosis</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 433; (STATE)
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?

22. I hereby certify that I attended the deceased from 19__ to 1 Oct, 1950, that I last saw the deceased alive on 1 Oct, 1950, and that death occurred at 4:15 PM, from the causes and on the date stated above.

23a. SIGNATURE <i>Karl Diege D.D.</i>	(Degree or title)	23b. ADDRESS 412 1/2 So. Ohio St. Sedalia, Mo.	DATE SIGNED 10/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/4/50	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri

DATE REC'D BY LOCAL REG. 10/4/50	REGISTRAR'S SIGNATURE <i>A. J. Campbell</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Walter G. ...</i>	ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

804

0804

RECEIVED ¹⁰⁻¹⁶⁻⁵⁰

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-16-50

OCT 18 1950

APR 21 1952

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
Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Secalia 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 this body is not embalmed, fact should be so stated above.