

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1745**

BIRTH NO. _____		REG. DIST. NO. 164	PRIMARY REG. DIST. NO. 3032	Registrar's No. 27
1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Warrensburg d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 105 1/2 W. Pine		e. STREET ADDRESS (If rural, give location) 105 1/2 W Pine		
3. NAME OF DECEASED (Type or Print) a. (First) Wallace b. (Middle) Shelton c. (Last) Brent		4. DATE OF DEATH Feb. 5 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 14 1904	9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Johnson Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Hugh A. Brent 13b. MOTHER'S MAIDEN NAME Margaret E. Williams 14. NAME OF HUSBAND OR WIFE Gladis M. Brent		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 316-03-4072		
17. INFORMANT'S SIGNATURE OR NAME Gladis M. Brent		ADDRESS Warrensburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 2-5 , 19 56 , to 2-5 , 19 56 , that I last saw the deceased alive on 2-5 , 19 56 , and that death occurred at 9:20 4 m., from the causes and on the date stated above.				
23a. SIGNATURE 		(Degree or title) M.D.		23b. ADDRESS Warrensburg Mo.
23c. DATE SIGNED 2-6-56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7 1956	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Mo.
DATE REC'D BY LOCAL REG. Feb. 6, 1956		REGISTRAR'S SIGNATURE Savannah C. Cretchfield	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips ADDRESS Warrensburg Mo.	

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

RECEIVED
FEB 13 1956
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JOHNSON COUNTY HEALTH DEPT.

MAY 31 1956

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.....

J. Earl Brest

Licensed Embalmer No. 387

P. O. Address *Warrens*

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.