

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

130776
STATE FILE NUMBER
1863

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1863

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 478 TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital		Length of stay in 1b 60 YEARS	d. STREET ADDRESS (If outside, give location) 1840 EAST 68th TERR-		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD CHAUNCY DETALENT			4. DATE OF DEATH Month Day Year April - 19 - 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 23, 1896	9. AGE (In years last birthday) 60	FUNDER 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) WARD-PLANT PROTECTION		10b. KIND OF BUSINESS OR PROFESSION CHEVROLET PLANT		11. BIRTHPLACE (City and state or country) FRANCO'S CITY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEORGE EDWARD DETALENT		13b. MOTHER'S MAIDEN NAME CLEO CARPENTER		14. NAME OF HUSBAND OR WIFE ETHEL DETALENT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 715-10-3213	17. INFORMANT MAY MRS. Ethel De Talent		Address 1840 E. 69th TERR- K.C., 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) Dissecting aneurysm of abdominal aorta.				INTERVAL BETWEEN ONSET AND DEATH 451X	
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)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 4/18/57 to _____ and last saw him alive on 4/18/57 Death occurred at 4/18/57 12:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. N. Gentry M.D. (Deponent's title)			22b. ADDRESS 324 E 11th St KCMo		22c. DATE SIGNED 4/19/57
23a. BURIAL, CREMATION, (REMOVAL) (Specify) 4/20/57	23b. DATE APR. 20. 1957	23c. NAME OF CEMETERY OR CREMATORY. HUBBELL HILL CEMETERY		23d. LOCATION (City, town, or county) (State) TONGANOXIE KANSAS	
24. FUNERAL DIRECTOR D. W. Newcomer's Sons ADDRESS 1391 BOASH CR. K.C., MO.		25. DATE RECD. BY LOCAL REG. 4-20-57	26. REGISTRAR'S SIGNATURE neva Marshall		

E. N. Gentry MD USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service
300
1-57
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.



72011-1577

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 *Everett L. Smith*

Licensed Embalmer No. *5001*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.