

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2417

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>4446</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)					
a. COUNTY <u>RAY</u>				a. STATE <u>Mo.</u>		b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY OR TOWN <u>HARDIN</u>		c. LENGTH OF STAY (In this place) <u>20 yrs.</u>		c. CITY OR TOWN <u>HARDIN</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print)			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
<u>JOSEPH</u>			<u>FRANKLIN</u>		<u>KENTON</u>		<u>JAN. 29, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
<u>Male</u>		<u>White</u>		<u>married</u>		<u>JULY 6, 1880</u>		<u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
<u>BARBER</u>				<u>GENERAL</u>		<u>CARROLL COUNTY, Mo.</u>		<u>U.S.</u>	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
<u>HENRY KENTON</u>			<u>MARTHA FREEMAN</u>			<u>GEORGIA KENTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME				
<u>no</u>			<u>496-32-4119</u>		<u>GEORGIA KENTON - HARDIN Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Coronary artery occlusion</u>						<u>5 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart dis</u>						<u>unknown.</u>	
		DUE TO (c) _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <u>2</u> 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)	
				<u>4200</u>		<u>HARDIN</u>		<u>Mo.</u>	
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 <u>Sept. 30, 1952</u> , to <u>March 27, 1953</u> , that I last saw the deceased alive on <u>March 27, 1953</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. Johnson</u> (Degree or title)					23b. ADDRESS <u>Richmond, Mo.</u>			23c. DATE SIGNED <u>1/25/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)		
<u>Burial</u>		<u>1-26-57</u>		<u>HARDIN CEM.</u>			<u>RAY COUNTY, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Jan 26-1957</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>August Korchubny - Hardin, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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MAR 8 1957

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.....
August Borchering

Licensed Embalmer No. *4678*

P. O. Address *Hardin, 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.