

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16728

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 39

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho, Mo.		c. LENGTH OF STAY (In this place) 5 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stella	
d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Angeline c. (Last) Lentz			4. DATE OF DEATH (Month) (Day) (Year) May 15 1949
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 27 1868
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 18	IF UNDER 1 MIN. Hours 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME Calvin Atkinson	13b. MOTHER'S MAIDEN NAME Sally Love	14. NAME OF HUSBAND OR WIFE Calvin Lentz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME W. C. Lentz ADDRESS Neosho, Mo. R#1	
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) Myocarditis ANTECEDENT CAUSES DUE TO (b) Arterio sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION None	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) (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 May 1 , 19 49 , to May 15 , 19 49 , that I last saw the deceased alive on May 14 , 19 49 , and that death occurred at 4:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. C. Lentz M.D.		23b. ADDRESS Neosho, Mo	23c. DATE SIGNED May 21, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/17/49	24c. NAME OF CEMETERY OR CREMATORY Spring Hill Cem.	24d. LOCATION (City, town, or county) (State) Stella, Mo.
DATE REC'D BY LOCAL REG. May 21, 1949	REGISTRAR'S SIGNATURE Delvin C. Bowman	223	25. FUNERAL DIRECTOR'S SIGNATURE W. Morris Loge ADDRESS Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Northon Co. Health Officer No. 579-93
District Health Officer No. 579-93
District File Number 579-93
MAY 23 1949

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 James Kenneth Duncan, Student Embalmer No. 308, working under my personal supervision.

Signed James Kenneth Duncan
Student Embalmer

Signed Wm. Morris Vague
Licensed Embalmer No. 3442
P. O. Address Wheaton, 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.