S. No. 300
v. 10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16281

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5362 Registrar's No. .....

0310
1

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

1. PLACE OF DEATH
a. COUNTY DAVIESS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL-JAMESPORT TWP.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY DAVIESS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL-JAMESPORT TWP. 0310 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) J. c. (Last) LENT

4. DATE OF DEATH (Month) (Day) (Year) MAY 10-1950

5. SEX F 1
6. COLOR OR RACE WH
7. MARRIED, [redacted] (Specify) 1
8. DATE OF BIRTH APR. 4, 1870
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 1 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING
11. BIRTHPLACE (State or foreign country) NEW CASTLE, PENN. 1
12. CITIZEN OF WHAT COUNTRY? AM

13a. FATHER'S NAME SOBESKI SCHAFFER
13b. MOTHER'S MAIDEN NAME SERENA JOHNSON
14. NAME OF HUSBAND OR WIFE JOHN LENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NO X
17. INFORMANT'S SIGNATURE OR NAME Frank Pryor ADDRESS 831-W39 Terrace-K.C.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia

INTERVAL BETWEEN ONSET AND DEATH: 4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15, 1950, *to* May 10, 1950, *that I last saw the deceased alive on* May 10, 1950, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. B. Bailey D.O. 2
23b. ADDRESS Jamesport Mo.
23c. DATE SIGNED 5-18-50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) 1
24b. DATE 5-12-1950
24c. NAME OF CEMETERY OR CREMATORY MASONIC
24d. LOCATION (City, town, or county) (State) Jamesport, MO.

DATE REC'D BY LOCAL REG. 22 May 1950
REGISTRAR'S SIGNATURE Virginia M Engelhart 81
25. FUNERAL DIRECTOR'S SIGNATURE Rollin L. Richardson **ADDRESS** Jamesport, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 27 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Robin L. Richardson

Licensed Embalmer No. 4715

P. O. Address Jamesport, 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.