

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30151

State File No. 30151

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5476 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Lincoln		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Lincoln	
c. LENGTH OF STAY (in this place) 5 years		d. STREET ADDRESS (If rural, give location) Rural - 2 mi NW. Tindall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Twp.			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLIE b. (Middle) _____ c. (Last) LENZ			4. DATE OF DEATH (Month) (Day) (Year) July 8 1950		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov 30, 1880	9. AGE (In years last birthday) 69	10. MONTH 7	11. DAY 8	12. HOUR 8	13. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Grundy County, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Phillip Lenz		13b. MOTHER'S MAIDEN NAME ROSANNA KRINN		14. NAME OF HUSBAND OR WIFE INA LENZ			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME INA LENZ				ADDRESS _____	
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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.		19. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage							
		ANTECEDENT CAUSES		DUE TO (b) Arterial Hypertension					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				331X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **7-4-**, 19**50**, to **7-8-**, 19**50**, that I last saw the deceased alive on **7-8-**, 19**50**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

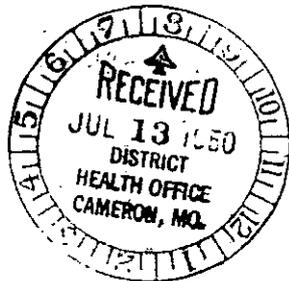
23a. SIGNATURE Mrs. A. J. ...		(Degree or title)		23b. ADDRESS Trenton Mo.		23c. DATE SIGNED 7-10-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11 1950		24c. NAME OF CEMETERY OR CREMATORY South Evans Cemetery		24d. LOCATION (City, town, or county) (State) 8 mi NW. Trenton MO	
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DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Jane Fair		25. FUNERAL DIRECTOR'S SIGNATURE Davis-Blackman		ADDRESS Trenton, Mo	
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0400
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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

J. Gordon Blackmore

Licensed Embalmer No. 4602

P. O. Address Jrenton, 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.