

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11387

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6269 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MO. b. COUNTY WEBSTER	
b. CITY OR TOWN RURAL (OZARK)	c. LENGTH OF STAY (In this place) 27 yrs.	c. CITY OR TOWN RURAL (OZARK) 1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION R#1 MARSHFIELD		d. STREET ADDRESS (If rural, give location) R#1 MARSHFIELD	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) ADAM	c. (Last) VENTLING	4. DATE OF DEATH (Month) (Day) (Year) MAR 16 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH DEC. 16, 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) OHIO 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LEWIS K. VENTLING	13b. MOTHER'S MAIDEN NAME MARY SLOAN	14. NAME OF HUSBAND OR WIFE MARTHA ELLA
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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 GLENN VENTLING	ADDRESS HOME
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Week Years.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Gen., Severe		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. G-U. infection, Non Specific			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3-32 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **June 1947**, to **3-16-1951**, that I last saw the deceased alive on **March 13, 1951**, and that death occurred at **6:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE V. C. P. Macdonald, MD. (Degree or title)	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED Mar. 17 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-18-51	24c. NAME OF CEMETERY OR CREMATORY MISSION HOME	24d. LOCATION (City, town, or county) (State) WEBSTER Co., MO.
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DATE REC'D BY LOCAL REG. 3/26/51	REGISTRAR'S SIGNATURE J. Francis 392	25. FUNERAL DIRECTOR'S SIGNATURE O BARBER-BATTO	ADDRESS MARSHFIELD
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1120

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 31 1951

Dist. File 331-677

Date Filed 3-31-51

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Marshfield, 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.