

FILED SEP 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29053
Registrar's No. 7625

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Colorado b. COUNTY Prowers Co.	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY OR TOWN Lamar	d. Is Residence within limits of a city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 MOS.		e. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur Luther Lenox b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug. 16, 1954.
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5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 27, 1883	9. AGE (In years last birthday) 70	10. MONTH 7	11. DAY 20	12. HOUR 8	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Construction & Wrecking		11. BIRTHPLACE (City and State or Foreign Country) Texas		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Eula Lenox
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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 no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS C Lenox 1838 Kenlien Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Gangrenous cholecystitis 2. Pulmonary infarction	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) degeneration of gall bladder DUE TO (c) Bronchitis asthmatic	1 week 1 day 1 week 4 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac hypertrophy		4 mo.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Gangrenous degenerated gall bladder	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., 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 585X

22. I hereby certify that I attended the deceased from May 12, 1954, to Aug 16, 1954, that I last saw the deceased alive on Aug. 16, 1954, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry C Rosenberg MD	23b. ADDRESS 1462 Union	23c. DATE SIGNED 8/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 18, 1954.	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Lamar, Colorado
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DATE REC'D BY LOCAL REG. AUG 18 1954	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	FUNERAL DIRECTOR'S SIGNATURE Bencefick	ADDRESS 1431 Union Blvd.
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 30

P. O. Address St Louis

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.