

FILED MAR 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. **4917**
808

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital

d. STREET ADDRESS (If rural, give location) Hamblin Road

3. NAME OF DECEASED a. (First) Joseph b. (Middle) _____ c. (Last) Lentz 4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 28, 1886 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Atherton, Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Mary 14. NAME OF HUSBAND OR WIFE Myrtle Lentz

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. 500-22-9379 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Lentz, Lee's Summit, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of Pnuereas INTERVAL BETWEEN ONSET AND DEATH 5 mo.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 2-10-55 19b. MAJOR FINDINGS OF OPERATION Obstruction of Carcinoma of Pnuereas, Common Bill Duct 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) _____ 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 10-17-1954 to 2-22-1955, that I last saw the deceased alive on 2-22-1955, and that death occurred at 8:35 Am., from the causes and on the date stated above.

23a. SIGNATURE Clint L. Miller (Degree or title) _____ 23b. ADDRESS Lee's Summit, Mo. 23c. DATE SIGNED 2-22-55

24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL 24b. DATE Feb. 24, 1955 24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery 24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri

DATE REC'D BY LOCAL REG 2-22-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Langsford Funeral Home, Lee's Summit

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

STATEMENT BY LICENSED EMBALMER

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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 *N. B. Langford Jr.*

Licensed Embalmer No. 4962

P. O. Address Lee's Summit, 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.