

FILED JUL 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20810

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4494 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SHANNON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WINONA	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN WINONA	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		f. STREET ADDRESS (If rural, give location) General Delivery	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) HERBERT c. (Last) ENTENMAN			4. DATE OF DEATH (Month) (Day) (Year) July 2 1955		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 3, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours 21	IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CARTER COUNTY, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME CHARLES ENTENMAN		13b. MOTHER'S MAIDEN NAME Julia Leslie		14. NAME OF HUSBAND OR WIFE Elmedia ENTENMAN			
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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) Yes WWI		16. SOCIAL SECURITY NO. 493-284746		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmedia ENTENMAN, WINONA, MO			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Pneumonitis				INTERVAL BETWEEN ONSET AND DEATH 48 hours	
*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) Tuberculosis & hemorrhage of lungs					
		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		19b. MAJOR FINDINGS OF OPERATION				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) 002 X	
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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 Mar 1950, to July 2, 1955, that I last saw the deceased alive on July 2, 1955, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE C E Sharp		(Degree or title) DD 7		23b. ADDRESS Winona Mo.		23c. DATE SIGNED 7/7/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-4-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) SHANNON Co. MO	
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DATE REC'D BY LOCAL REG. 7-11-55		REGISTRAR'S SIGNATURE Mabel Rollins 4470		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coleman R. Spollen, Winona, MO			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1955

APR 19 1962

JUL 12 1955

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 *Allen C. McGowan* .....

Licensed Embalmer No. *154* .....

P. O. Address *Van Buren* .....

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.