

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21620**BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **5321** Registrar's No. **3**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Cooper Co | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural South Moniteau 23 Yrs) | | c. CITY OR TOWN Clarksburg, Mo | |
| c. LENGTH OF STAY (in this place) _____ | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Clarksburg, Mo | | STREET ADDRESS (If rural, give location) Rt. Clarksburg, Mo 0270 | |

| | | | | |
|---|-------------------------------|---|--|--|
| 3. NAME OF DECEASED a. (First) Anton b. (Middle) Nichlos c. (Last) Hentges | | | 4. DATE OF DEATH (Month) (Day) (Year) July 9 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar 30 1879 | 9. AGE (In years last birthday) 76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | |
|---|--|--|
| 13a. FATHER'S NAME Henry Hentges | 13b. MOTHER'S MAIDEN NAME Margrett Mous | 14. NAME OF HUSBAND OR WIFE Leona Hentges |
|---|--|--|

| | | | |
|---|-------------------------------------|---|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Norbert Hentges Clarksburg, Mo | ADDRESS Clarksburg, Mo |
|---|-------------------------------------|---|-------------------------------|

| | | | | |
|---|--|--|--|--|
| 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, asphemia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach | | INTERVAL BETWEEN ONSET AND DEATH 4 Mo. |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (c) 151X | | |

| | | |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------|--|---|

| | | |
|--|--|--|
| 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) Rural South Moniteau Cooper Mo |
|--|--|--|

| | | |
|---|--|----------------------------------|
| 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? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from **April 2, 1955** to **July 9, 1955**, that I last saw the deceased alive on **July 8, 1955**, and that death occurred at **4:10 P.M.** from the causes and on the date stated above.

| | | |
|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE (Declarer or title) D. J. Dawson | 23b. ADDRESS California, Mo | 23c. DATE SIGNED 7/11/55 |
|--|------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE 7/12/55 | 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery | 24d. LOCATION (City, town, or county) (State) California, Mo |
|---|--------------------------|---|---|

| | | | |
|---|--|--|-------------------------------|
| DATE REC'D BY LOCAL REG. 7/13/55 | REGISTRAR'S SIGNATURE U.T. Meredith 442 | 25. FUNERAL DIRECTOR'S SIGNATURE D. J. Dawson | ADDRESS California, Mo |
|---|--|--|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0.48

270

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James H. Bonham*.....

Licensed Embalmer No. *49*.....

P. O. Address *California*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.