

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25625

1. PLACE OF DEATH  
a. COUNTY Clay

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

d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Liberty c. LENGTH OF STAY (in this place) 0

c. CITY OR TOWN Hardin d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 mile NE Liberty H-69

e. STREET ADDRESS (If rural, give location) Street not listed

3. NAME OF DECEASED a. (First) Marvin b. (Middle) B. c. (Last) Lentz

4. DATE OF DEATH (Month) (Day) (Year) August 22, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH September 4, 1903 9. AGE (In years last birthday) 51

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custom work

10b. KIND OF BUSINESS OR INDUSTRY farming

11. BIRTHPLACE (City and State or Foreign Country) Hardin, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Olin Jefferson Lentz

13b. MOTHER'S MAIDEN NAME ~~FRANKIE~~ Lola Seward

14. NAME OF HUSBAND OR WIFE Francis (Clark) Lentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glen Lentz, Hardin, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Gasoline Burns to Body

ANTECEDENT CAUSES DUE TO (b) *Paroline Transport Truck Fire*

DUE TO (c) *Turned over in ditch, pinning body in tractor*

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8230

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 32

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 600

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.S. Pate M.D. Coroner 3

23b. ADDRESS North Kansas City, Mo

23c. DATE SIGNED 8/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Aug. 23, 1955

24c. NAME OF CEMETERY OR CREMATORY HARDIN COACTORY

24d. LOCATION (City, town, or county) (State) HARDIN MISSOURI

DATE REC'D BY LOCAL REG. Aug 26, 1955

REGISTRAR'S SIGNATURE Mabel Strahan 491-i

5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church. Archer. Tilden

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48



SEP 22 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..... *Harold G. Smith*

Licensed Embalmer No. *415*

P. O. Address *Liberty*

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.