

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23957

STATE FILE NUMBER

FILED JUL 19 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 240

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-56  
 health, welfare  
public  
service  
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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
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1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City, Mo.</u>		c. CITY OR TOWN <u>Jefferson City</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital Life</u>		d. STREET ADDRESS <u>903 E Mc Carty</u>	
Length of stay in 1b		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>JOHN CLARKES HENTGES</u>			4. DATE OF DEATH <u>JULY 12, 1957</u>
First Middle Last			Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 27, 1939</u>
9. AGE (In years last birthday) <u>17</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At School</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u>
13. FATHER'S NAME <u>Le Roy Hentges</u>		14. MOTHER'S MAIDEN NAME <u>Mary Leuthen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-40-1209</u>	
17. INFORMANT <u>Le Roy Hentges</u>		Address <u>J C Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Skull fracture, brain laceration</u> DUE TO (c) <u>Compound fractures &amp; laceration</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>and crush syndrome</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>auto accident</u>	
20c. TIME OF INJURY Hour <u>4:00</u> Month, Day, Year p. m. <u>7-7-57</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>County road</u>	
20f. CITY, TOWN, OR LOCATION <u>Cole Co. Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>July 7</u> to <u>July 12</u> and last saw <u>him</u> alive on <u>July 12</u> . Death occurred at <u>3:30 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. A. Osburn M.D.</u>		22b. ADDRESS <u>507 E. High</u>	
(Degree or title)		22c. DATE SIGNED <u>7-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/15/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Sydney Riddle</u>		25. DATE RECD. BY LOCAL REG. <u>15 July 1957</u>	
ADDRESS <u>J C Mo</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Davis, M.D. - MR</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1957  
1957

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.....  
*Sylvester Dille*

Licensed Embalmer No. 4

P. O. Address.....  
*Jefferson*

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