

Health, Welfare, Public Service

300 1-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24375

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arcadia - Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Arcadia, Rural 041</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>The Home for Aged Baptists</u> Length of stay in lb <u>18 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi. Ea. on 70</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>H.</u> Last <u>Lientz</u>			4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1957</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 16, 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Her Home</u>	11. BIRTHPLACE (City and state or country) <u>Sedalia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>
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13. FATHER'S NAME <u>William Alexander McNeese</u>	14. MOTHER'S MAIDEN NAME <u>Mary Helena Nichols</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>John H. Burney, Ironton, Mo.</u> Address <u></u>
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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>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4500</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>July 1</u> to <u>July 13</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>July 12</u> Death occurred at <u>8:00 P. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Marvin C. Munn</u>	22b. ADDRESS <u>Ironton, Mo.</u>	22c. DATE SIGNED <u>7-15-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-16-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOME CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ARCADIA MO</u>
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24. FUNERAL DIRECTOR <u>White Funeral Home</u> ADDRESS <u>Ironton</u>	25. DATE RECD. BY LOCAL REG. <u>7-18-57</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>
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Onyx White (Licensed Embalmer) Statement on Reverse Side

**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 *Annell White*.....

Licensed Embalmer No. *301*

P. O. Address *Smith*

**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.**