

FILED AUG 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28666

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>263</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marceline</u>		c. LENGTH OF STAY (in this place township) <u>8da.</u>		c. CITY OR TOWN <u>Marceline</u>		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 <u>St. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>228 W Santa Fe</u> <u>008/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Lentz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8/23/57</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>11/15/1890</u>		9. AGE (in years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>8</u>	IF UNDER 48 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paint Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Chariton, Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Gilmore</u>		14. NAME OF HUSBAND OR WIFE <u>Chloe Lentz</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>481-05-0845</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chloe Lentz Marceline, Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis Sudden</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Has had 3 previous Coronary Thromboses</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? <u>0</u> 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)			
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 <u>1050</u> to <u>8-23 1957</u> that I last saw the deceased alive on <u>8-22, 1957</u> and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Brookie Owens</u>				23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>8-24-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/25/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>/Roselawn</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-24-57</u>		REGISTRAR'S SIGNATURE <u>Brookie Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>		ADDRESS <u>Marceline, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 29 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..... *Billy Jack Skinn*

Licensed Embalmer No. *478*

P. O. Address *Marshall*

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.