

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009691

STATE FILE NUMBER

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 754

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) (1420) a. STATE MO b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Clinton MO Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) RR#4 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mrs. Eliza Middle LE Last LENNINGTON			4. DATE OF DEATH Month 3 Day 14 Year 1958			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/31/1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Collinsville Ill. 1		
12. CITIZEN OF WHAT COUNTRY? USA						

13a. FATHER'S NAME Victor a Gasbert		13b. MOTHER'S MAIDEN NAME Laura Irving		13c. NAME OF HUSBAND OR WIFE John W. Lennington	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT John W Lennington Address Clinton?	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis			INTERVAL BETWEEN ONSET AND DEATH 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic cirrhosis of liver. DUE TO (c) YRS.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) 6000		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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	

21. I attended the deceased from **1950** to **1958** and last saw ^{her} _{him} alive on **3-14-58**
Death occurred at **3:30** p on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) Edna J Powell D.D. Clinton mo		22b. ADDRESS		22c. DATE SIGNED 3/15/58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/16/58		23c. NAME OF CEMETERY OR CREMATORY Warrensburg Cem		23d. LOCATION (City, town, or county) (State) Warrensburg mo	
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24. FUNERAL DIRECTOR J E Orndorff Clinton		ADDRESS		25. DATE RECD. BY LOCAL REG. 3-15-58		26. REGISTRAR'S SIGNATURE Melba Bigney	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *J. E. Consalvo*

Licensed Embalmer No. *1891*

P. O. Address *Clinton*

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.