

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040322

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 481

FILED NOV 18 1958

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Independence</u> <small>if outside corporate limits, give TOWNSHIP only</small> | | c. CITY OR TOWN <u>Independence</u> <small>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Herbert Nursing Home Inc</u> | | d. STREET ADDRESS <u>1105 So. Main</u> <small>if outside, give location</small> | |
| Length of stay in lb | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Richard</u> Last <u>Lentell</u> | | | 4. DATE OF DEATH <u>Nov-11-1958</u> Month <u>Nov</u> Day <u>11</u> Year <u>1958</u> | | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 5-1881</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>06</u> Hours <u>00</u> Min. <u>00</u> | IF UNDER 24 HRS. Hours <u>00</u> Min. <u>00</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u> | 11. BIRTHPLACE (City and state or country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>James Lentell</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah</u> | 14. NAME OF HUSBAND OR WIFE <u>Estella Lentell</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>510-10-8833</u> | 17. INFORMANT, Address <u>Mrs Estella Lentell 1105 So Main</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>Hypertensive pneumonic</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Cerebral hemorrhage</u> | |
| | DUE TO (c) <u>General arterio-sclerosis</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 checked="" 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 Aug 12, 1955, to Nov 11, 1958 and last saw her alive on Nov 10, 1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Rich. Andrews D.O.</u> (Degree or title) | 22b. ADDRESS <u>Independence Mo</u> | 22c. DATE SIGNED <u>11/13/58</u> |
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| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried</u> | 23b. DATE <u>11-13-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u> | 23d. LOCATION (City, town, or county) <u>Independence Mo</u> (State) |
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| 24. FUNERAL DIRECTOR <u>Roland R Speaks</u> ADDRESS <u>Independence</u> | 25. DATE RECD. BY LOCAL REG. <u>11-13-58</u> | 26. REGISTRAR'S SIGNATURE <u>James King</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Roland R. ...*

Licensed Embalmer No. *3604*

P. O. Address *Indy Ind*

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.