

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040458
STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 219

300
1-57

4
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
G.W. Wright

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineral Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stella	
c. FULL NAME OF HOSPITAL OR INSTITUTION Elmhurst Nursing Home		Length of stay in lb 10 Mons		d. STREET ADDRESS (If outside, give location) Home 10 Mons	
3. NAME OF DECEASED (Type or print) First Middle Last Stacy Albert Lentz			4. DATE OF DEATH Month Day Year Nov. 20 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 15 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours 8 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Stella, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Crawford Lentz		13b. MOTHER'S MAIDEN NAME Margaret Hodge		14. NAME OF HUSBAND OR WIFE Sarah Jane Lentz (Dece)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Everett Spiva Stella, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
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) 443X					
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.)			
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 Aug 58 to Nov 58 and last saw him live on 11-18-58 Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Severin M.D.			22b. ADDRESS 222 So. Wash. City		22c. DATE SIGNED 11-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-25-58	23c. NAME OF CEMETERY OR CREMATORY Macedonia Cem.		23d. LOCATION (City, town, or county) (State) Stella, Missouri
24. FUNERAL DIRECTOR W. Morris Roper		ADDRESS Wharton Mo	25. DATE RECD. BY LOCAL REG. 11-21-58	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

(Licensed Embalmer's 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 *James Kenneth Dunc*

Licensed Embalmer No. *4767*

P. O. Address *Wheaton 7*

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.