

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043158

STATE FILE NUMBER

FILED DEC 16 1958

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>New Point</b> <u>0440</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community</b>		Length of stay in lb <b>16 days</b>	d. STREET ADDRESS (If outside, give location) <b>Reside on Farm</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OWEN</b> Middle <b>BLACK</b> Last <b>LENTZ</b>			4. DATE OF DEATH Month <b>12</b> Day <b>8</b> Year <b>1958</b>
5. SEX <b>Male</b> <u>0</u>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9/27/1867</b>
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Albion, Indiana</b> <u>1</u>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William J. Lentz</b>	
13b. MOTHER'S MAIDEN NAME <b>Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Pearl Lentz</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Elmer Lentz, Des Plains, Illinois</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular Accident</b> DUE TO (b) <b>Cerebra - thrombosis</b> DUE TO (c) <b>Arteriosclerosis advanced</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>  <b>unknown</b>
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.)		20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year a.m. <u>  </u> p.m. <u>  </u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>July 4, 1952</u> to <u>Jan 11, 1958</u> and last saw him alive on <u>Dec 8, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>G. F. Sweany</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Albion, Mo</b>	
22c. DATE SIGNED <b>12-9-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12/11/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Point</b>	
23d. LOCATION (City, town, or country) (State) <b>New Point, Missouri</b>		24. FUNERAL DIRECTOR <b>James H. Pettigrew</b> ADDRESS <b>Oregon, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>Dec 11, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Marvin H. Schaefer</b>	

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 *James H. Pettijohn* .....

Licensed Embalmer No. *3192* .....

P. O. Address *Oregon 715* .....

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.