Health, & Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-017050

STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 225 W. Joe Davis — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN El Dorado Springs — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 225 W. Joe Davis — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Earl Middle Francis Last Pentecost

4. DATE OF DEATH Month June Day 5 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH May 14, 1891

9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Vernon Co., Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John D. Pentecost

13b. MOTHER'S MAIDEN NAME Mary Lou Minshall

14. NAME OF HUSBAND OR WIFE Grace Pentecost

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Grace Pentecost, ElDorado Springs, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Physical exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of lungs — 6 mo
DUE TO (c) Ca Kidney w metastasis — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 180X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 5-31-59, to 6-5-59 and last saw her/him alive on 6-5-59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C H Lunderwuth (Degree or title) DO

22b. ADDRESS El Dorado Spgs

22c. DATE SIGNED 6-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 6-7-1959

23c. NAME OF CEMETERY OR CREMATORY ElDorado Springs Cem.

23d. LOCATION (City, town, or county) (State) ElDorado Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS Gwinn-Carothers, ElDorado Spgs. Mo.

25. DATE RECD. BY LOCAL REG. 6-7-59

26. REGISTRAR'S SIGNATURE George W Mafus

(Licensed Embalmer's Statement on Reverse Side)

JUN 30 1959

## 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 Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs

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.