

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-046679**

**FILED VS JAN 20 1960 098**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 26

UNDECEASED

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

3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK MARION LENT</u>			4. DATE OF DEATH Month Day Year <u>Nov 21 1959</u>		
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>Feb. 11-1898</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jamesport mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>Herman Lent</u>	13b. MOTHER'S MAIDEN NAME <u>Cella Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Lena Lent</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-36-4657</u>	17. INFORMANT <u>Mrs Frank Lent</u> Address <u>Jamesport Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
IMMEDIATE CAUSE (a)	<u>Cerebral Hemorrhage</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis &amp;</u>	
	DUE TO (c) <u>Hypertension</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jamesport Mo.</u>	COUNTY <u>Davis</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>Nov 10 - 59</u> to <u>Nov 21 - 59</u> and last saw him alive on <u>Nov 4 - 59</u> . Death occurred at <u>4:04 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>J.B. Bailey</u> (Degree or title)	22b. ADDRESS <u>Jamesport Mo.</u>	22c. DATE SIGNED <u>11-29-59</u>
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23a. BURIAL CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>23/Nov 59</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Jamesport Memorial</u>	23d. LOCATION (City, town or county) <u>Jamesport Mo.</u>
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24. FUNERAL DIRECTOR <u>P.L. Roberson</u> ADDRESS <u>Jamesport, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11th Jan. 1960</u>	26. REGISTRAR'S SIGNATURE <u>Wegard Mangelhart</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 O. L. Roberson

Licensed Embalmer No. 3241

P. O. Address Jonesboro

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.