MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006586

PARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 763 STATE FILE NUMBER

AMENDED

FILED FEB 28 1962

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY

Length of stay in 1b 38 YRS

c. CITY OR TOWN KANSAS CITY

Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP.

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 7010 E. 84TH

Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First BERNICE Middle H. Last LENTZ

4. DATE OF DEATH Month 2 Day 8 Year 62

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/29/1885

9. AGE (last birthday) 76

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) NORBORNE, MO.

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

13a. FATHER'S NAME WILLIAM H. HESS

13b. MOTHER'S MAIDEN NAME MARTHA NOEL

14. NAME OF HUSBAND OR WIFE FORREST J. LENTZ

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. NONE

17. INFORMANT FORREST J. LENTZ Address 7010 E 84TH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Generalized Carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Primary unknown

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 9-14-61 to 2-8-62

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1-4-61, to 2-8-62 and last saw her/him alive on 2-7-62

Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert K. Russell (Degree or title) M.D.

22b. ADDRESS Raytown, Mo.

22c. DATE SIGNED 2-8-62

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

23b. DATE 2/10/1962

23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH

23d. LOCATION (City, town, or county) KANSAS CITY (State) MO

24. FUNERAL DIRECTOR STINE & McCLURE ADDRESS KANSAS CITY, MO

25. DATE RECD. BY LOCAL REG. 2-9-62

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION Robert K. Russell

FL 3-1192
3-5 Hum.

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo

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.