

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

129-62-039574
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 129

FILED NOV 5 1962

VS 300
Rev. 4/59

1 0735
2 07352
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4 1
5 2
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7 0
8 2
9 422.1
10
11
12 90-0
13 6-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO		Length of stay in 1b 16 yrs	c. CITY OR TOWN NEOSHO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 N. High St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 501 n. High St.
3. NAME OF DECEASED (Type or print) First SARAH Middle ELIZABETH Last JENTSCH		4. DATE OF DEATH Month OCTOBER Day 30 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/19/1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Cassville, Mo.
13a. FATHER'S NAME SAMUEL F. LANEY		13b. MOTHER'S MAIDEN NAME SARAH C. SHOCKLEY	14. NAME OF HUSBAND OR WIFE FRED W. JENTSCH
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. None	17. INFORMANT Mrs. Clark Haynes
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis and Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 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)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 COUNTY STATE	
21. I attended the deceased from <u>July 1955</u> to <u>Oct 30-62</u> and last saw her alive on <u>Oct 29-62</u> Death occurred at <u>5:40 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. S. Reynolds M.D.</i>		22b. ADDRESS <i>Neosho Mo</i>	
22c. DATE SIGNED <i>10-31-62</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/1/62	23c. NAME OF CEMETERY OR CREMATORY Concord Cem.	23d. LOCATION (City, town, or county) (State) Exeter, Mo. Rural
24. FUNERAL DIRECTOR <i>W. M. ...</i>		25. DATE RECD. BY LOCAL REG. 10-31-62	REGISTRAR'S SIGNATURE <i>Naydene Belka</i>

USE BLACK INK OR TYPEWRITER RIBBON

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x

3501 GE 2801000 HOSPITAL ELIZABETH HARRIS Female
 33 1/15/24
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 33 1/15/24
 3501 GE 2801000 HOSPITAL ELIZABETH HARRIS Female
 33 1/15/24

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 Wm Morris Roper

Licensed Embalmer No. 5442

P. O. Address Wheaton, 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.