

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

131-62-039578  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 131

**FILED NOV 5 1962**

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NEOSHO</b>		Length of stay in 1b <b>42 days</b>	c. CITY OR TOWN <b>STELLA</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SALES MEMORIAL HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ELLEN</b> Middle <b>EMMELY</b> Last <b>LENTZ</b>			4. DATE OF DEATH <b>OCTOBER 27 1962</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/9/1878</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and state or country) <b>STELLA, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>CHARLES THOMAS SCOTT</b>		13b. MOTHER'S MAIDEN NAME <b>HARRIETT SILER</b>	
14. NAME OF HUSBAND OR WIFE <b>FREELIN J. 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>HARLAND LENTZ PIERCE CITY, MO RE</b>			

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
IMMEDIATE CAUSE (a) <b>Uremia</b>		
DUE TO (b) <b>Pneumonia</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 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 1950 to Oct 27, 1962 and last saw her <sup>him</sup> alive on Oct 27, 1962  
Death occurred at 4:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deed or time) <i>Harold C. Kentz</i>	22b. ADDRESS <i>Neosho Mo</i>	22c. DATE SIGNED <i>10/29/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>10/30/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MACEDONIA CEM.</b>
23d. LOCATION (City, town, or county) <b>STELLA, MISSOURI</b>		(State)

24. FUNERAL DIRECTOR ADDRESS <i>W. Maris Eugene Wheaton</i>	25. DATE RECD. BY LOCAL REG. <b>10-29-62</b>	26. REGISTRAR'S SIGNATURE <i>Maydore Belka</i>
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	ITEM NO.	SHOULD READ	INSTEAD OF	DOCUMENT	BY AFFIDAVIT OF	MEDICAL CERTIFICATION
1 <i>0725</i>						
2 <i>0730-</i>						
3						
4 <i>1</i>						
5 <i>2</i>						
6						
7 <i>6</i>						
8 <i>2</i>						
9 <i>9493X</i>						
10						
11						
12 <i>2-0</i>						
13 <i>6-0</i>						

DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
AGE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

PLACE OF INTERMENT: \_\_\_\_\_

**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 Payne

Licensed Embalmer No. 3442

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.