

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023838

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 4182 Registrar's No. 147

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) New Haven		Length of stay in 1b 59 Yrs.	c. CITY OR TOWN New Haven Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK THEODORE LENZE			4. DATE OF DEATH Month Day Year June 26 1963
5. SEX Male	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 3-20-1904
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months 3 Days 6 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Germany
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. NAME OF HUSBAND OR WIFE Geiske West Palla	
13a. FATHER'S NAME Don't Know		13b. MOTHER'S MAIDEN NAME Don't Know	
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. 5	
17. INFORMANT Mr. Henry Lenze New Haven Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic cardio-vascular renal - disease.			INTERVAL BETWEEN ONSET AND DEATH 3 years
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 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 7/30/49 to 6/25/63 and last saw her alive on 6/24/63 Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>B. P. Guseman M.D.</i> (Degree or title)		22b. ADDRESS New Haven, Missouri	22c. DATE SIGNED 6/28/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-29-1963	23c. NAME OF CEMETERY OR CREMATORY Assumption Catholic	23d. LOCATION (City, town, or county) New Haven Mo.
24. FUNERAL DIRECTOR L. G. Fertig & Son New Haven Mo.		25. DATE RECD. BY LOCAL REG. 6/29/63	26. REGISTRAR'S SIGNATURE <i>Leola C. Hudson</i>

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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JUL 8 1963

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 Earl C. Dertig

Licensed Embalmer No. 3385

P. O. Address New Haven 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.