

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029292
STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 5808 Registrar's No. 57

FILED AUG 6 1963

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jonesburg		Length of stay in lb 5 months	c. CITY OR TOWN Dutzow Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jonesburg Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ollie Middle Catherine Last Lensing			4. DATE OF DEATH Month July Day 29 Year 1963		
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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 11/12/1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Readsville, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME William Watson	13b. MOTHER'S MAIDEN NAME Louisa Fisk	14. NAME OF HUSBAND OR WIFE Alfred Lensing
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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. [REDACTED]	17. INFORMANT Address Mrs. Walter Hoffmann, Marthasville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism		INTERVAL BETWEEN ONSET AND DEATH 30 Min.
DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular Sclerosis		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	
Generalized Arteriosclerosis			

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.)
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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
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21. I attended the deceased from Mar. 8, 1963 to July 29, 1963 and last saw her alive on July 29, 1963 Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) C. A. Thompson D.O.	22b. ADDRESS New Florence, Mo.	22c. DATE SIGNED 7/30/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/1/1963	23c. NAME OF CEMETERY OR CREMATORY St. Vincents Cemetery	23d. LOCATION (City, town, or county) (State) Dutzow, Missouri
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24. FUNERAL DIRECTOR ADDRESS D. F. Lichtenberg, Marthasville, Mo.	25. DATE RECD. BY LOCAL REG. 7-30-63	26. REGISTRAR'S SIGNATURE Laura B Callaway
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DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0700
2 1090
3 2
4 1
5 2
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7 0
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94200
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11
12 86-2
13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

Edmond H. ...

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.