

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036681

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 469

DO NOT WRITE ON THIS STUB

AMENDED

HEP OCT 7 1963

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 2 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Newton c. CITY OR TOWN Saginaw Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last MARIE LENT  
 4. DATE OF DEATH Month Day Year September 27, 1963  
 5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 11-9-1899 9. AGE (last birthday) 63  
 IF UNDER 1 YEAR Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
 10b. KIND OF BUSINESS OR INDUSTRY Own Home  
 11. BIRTHPLACE (City and state or country) Joplin, Missouri  
 12. CITIZEN OF WHAT COUNTRY USA  
 13a. FATHER'S NAME John R. Compton 13b. MOTHER'S MAIDEN NAME Mary E. Dodson 14. NAME OF HUSBAND OR WIFE William Elmer Lent  
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ) No None  
 16. SOCIAL SECURITY NO. 17. INFORMANT Miss Ilah Lent, Saginaw, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) *Diphtheria necrotica*  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *myocarditis*  
*Joplin - arteriosclerosis*  
 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  
 INTERVAL BETWEEN ONSET AND DEATH 3 wks.

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 Month, Day, Year  
 a.m. p.m.

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 9/10/63 to 9/27/63 and last saw her him alive on 9/27/63.  
 Death occurred at 9:50 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. H. Crawford MD Joplin Mo  
 22b. ADDRESS  
 22c. DATE SIGNED  
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-30-1963  
 23c. NAME OF CEMETERY OR CREMATORY Saginaw Cemetery 23d. LOCATION (City, town, or county) (State) Saginaw, Missouri

24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. ADDRESS  
 25. DATE RECD. BY LOCAL REG. 10-2-1963  
 26. REGISTRAR'S SIGNATURE Dove Merriam

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59  
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**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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.

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