

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020480

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

633

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 5 1961

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph, Missouri

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)

Missouri Methodist Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY

OR TOWN

St. Joseph, Missouri

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3040 Felix Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

WILLIAM

Middle

E.

Last

PENTZ

## 4. DATE OF DEATH

Month

June

Day

20

Year

1961

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/3/1874

## 9. AGE (last birthday)

87

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Doctor of Medicine

## 10b. KIND OF BUSINESS OR INDUSTRY

Doctor

## 11. BIRTHPLACE (City and state or country)

St. Joseph, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

John Edward Pentz

## 13b. MOTHER'S MAIDEN NAME

Euphenia Dougherty

## 14. NAME OF HUSBAND OR WIFE

Jewell Pentz

## 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.

497-38-2828

## 17. INFORMANT

Mrs. Jewell Pentz 3040 Felix Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

arteriosclerosis heart disease + failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Pulmonary emphysema

## DUE TO (c)

coronary hypertrophy atherosclerosis with

INTERVAL BETWEEN ONSET AND DEATH  
1-2 years  
several years  
months

## 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 ☐ Unknown19. 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

a.m.

p.m.

## Month, Day, Year

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 10-18-61 to 6-20-61 and last saw him alive on 6-20-61  
Death occurred at 6:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Lucas H. Ide M.D.

## 22b. ADDRESS

902 Elmwood St. Joseph, Mo.

## 22c. DATE SIGNED

6-23-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

June 22, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Joseph, Missouri

## 24. FUNERAL DIRECTOR

1948 Colham St.

## 25. DATE RECD. BY LOCAL REG.

June 28, 1961

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

Meierhoffer-Fleeman F.H. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

1961 9 7 NR

**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 Raymond B. Troor

Licensed Embalmer No. 5147

P. O. Address St Joseph Tr

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.