Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-028925
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 875

FILED SEP 2 1958

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN Clinton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lofton Rest Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Henry
c. CITY OR TOWN Clinton 0422 0 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 300 E Ohio — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First LILLIAN Middle DAVIS Last LENTZ

4. DATE OF DEATH Month 8 Day 25 Year 58

5. SEX F

6. COLOR OR RACE W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH 3/27/1882

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD COURTRIGHT

13b. MOTHER'S MAIDEN NAME BARNES

14. NAME OF HUSBAND OR WIFE William Lentz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Maxine Parks Sedalia mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 431X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Jan 1957 to 8-25-58 and last saw her him alive on 8-24-58
Death occurred at 11:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh B. Walker, MD

22b. ADDRESS Clinton, Mo.

22c. DATE SIGNED 8-26-58

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

23b. DATE 8/27/58

23c. NAME OF CEMETERY OR CREMATORY Englewood

23d. LOCATION (City, town, or county) (State) Clinton Mo

24. FUNERAL DIRECTOR ADDRESS J C Consalus Clinton Mo

25. DATE RECD. BY LOCAL REG. 8-26-58

26. REGISTRAR'S SIGNATURE Mildred Bequm

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Eugene R. Conaha

Licensed Embalmer No. 4680

P. O. Address Clinton, In

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.