

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21620

210

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 83		PRIMARY REG. DIST. NO. 5321		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Cooper Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN Rural		c. LENGTH OF STAY (in this place) South Moniteau 23 yrs		c. CITY OR TOWN Clarksburg, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Clarksburg, Mo				f. STREET ADDRESS (If rural, give location) Rt. Clarksburg, Mo 0270			
3. NAME OF DECEASED (Type or Print) a. (First) Anton			b. (Middle) Nichlos		c. (Last) Hentges		4. DATE OF DEATH (Month) (Day) (Year) July 9 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 30 1879		9. AGE (in years last birthday) 76	10. UNDER 1 YEAR Months 3	11. UNDER 24 HRS. Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Hentges		13b. MOTHER'S MAIDEN NAME Margrett Mous		14. NAME OF HUSBAND OR WIFE Leona Hentges			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norbert Hentges Clarksburg, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH 4 Mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 151X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural South Moniteau Cooper Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from April 25, 1955, to July 9, 1955, that I last saw the deceased alive on July 8, 1955, and that death occurred at 4:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. J. Bacon D. O. J.				23b. ADDRESS California, Mo		23c. DATE SIGNED 7/11/55	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/12/55	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo		
DATE REC'D BY LOCAL REG. 7/13/55		REGISTRAR'S SIGNATURE U.T. Meredith 442		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dean Bonlin California Mo			

(Licensed Embalmer's Statement on Reverse Side)

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 *James H. Bonham*.....

Licensed Embalmer No. *49*.....

P. O. Address *California*.....

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.