

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **482**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CAPE GIR.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU.</u>	
c. LENGTH OF STAY (In this place) <u>38 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>128 SO BENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>128 SO. BENTON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>VINCIN</u> c. (Last) <u>GENTRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-49</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-11-1890</u>
9. AGE (In years last birthday) <u>58</u>	10. UNDER 1 YEAR (Months) <u>11</u>	11. UNDER 24 HRS. (Hours) <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TOBACCO. CO.</u>	
11. BIRTHPLACE (State or foreign country) <u>WARRICK, Co. IND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JESSE F. GENTRY</u>		13b. MOTHER'S MAIDEN NAME <u>PERLINE McNEELY FRIEDA</u>	
14. NAME OF HUSBAND OR WIFE <u>FRIEDA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-05-6998</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS RALPH GENTRY</u>		ADDRESS <u>CAPE GIR</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>nephrosis chr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>59/18</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/26</u> , 19 <u>48</u> , to <u>1/9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/6</u> , 19 <u>49</u> , and that death occurred at <u>7:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. H. Keiser, M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>4/6/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-11-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FAIRMOUNT</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan-11-49</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthus Funeral Home Cape Gir. Mo</u>		ADDRESS	

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

RECEIVED

Health Officer No. 4
File Number 149-89
Date Filed 1-17-49

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
Student Embalmer

Signed *Virgil H. Welch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Scurden - N.C.*.....

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 this body is not embalmed, fact should be so stated above.