

FILED MAY 11 1949

STANDARD CERTIFICATE OF DEATH

14533

State File No.

98
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6098 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u>	
b. CITY OR TOWN <u>LANCASTER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANCASTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>LILLIE</u> c. (Last) <u>GENTNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR 30 1922</u>
9. AGE (In years last birthday) <u>27</u>		10. MONTHS <u>7</u> 11. DAYS <u>7</u> 12. HOURS <u>1</u> 13. MIN. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>MISSOURI</u>	

13a. FATHER'S NAME <u>J. L. SENEY</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA IPANES</u>		14. NAME OF HUSBAND OR WIFE <u>MARTIN G. GENTNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bess Walker Lancaster</u> ADDRESS <u>MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocardial Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Coronary Arteriosclerosis</u>			
		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 checked="" 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)	
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?	

22. I hereby certify that I attended the deceased from 8-4, 1947, to 5/6/49, 1949, that I last saw the deceased alive on 5-6-49, 1949, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Lancaster, Mo.</u>		23c. DATE SIGNED <u>5/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEM.</u>	
24d. LOCATION (City, town, or county) <u>MARCI LIME, MO</u>		24e. (State) <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>May 10/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Lancaster, Mo.</u>	

MAY 18 1949

RECEIVED

District Health Officer No. _____

District File Number 5-49-8

Date Filed MAY 10 1949

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 Everett M. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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 this body is not embalmed, fact should be so stated above.