

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21050**

FILED JUL 15 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5985	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Mad			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital # 10				d. STREET ADDRESS (If rural, give location) 19-2302 N. BOYLE			
3. NAME OF DECEASED (Type or Print) a. (First) Overton		b. (Middle) H		c. (Last) GENTRY, JR.		4. DATE OF DEATH (Month) (Day) (Year) July 6 49	
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH 11-16-1901	
9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) 47		11. BIRTHPLACE (State or foreign country) Joplin Mo				12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY _____				
13a. FATHER'S NAME Overton H Gentry Sr.			13b. MOTHER'S MAIDEN NAME Bolton M Newell			14. NAME OF HUSBAND OR WIFE _____	
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'S SIGNATURE OR NAME ADDRESS Richard Penbergast 508 Bond St 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of brain ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Congestion DUE TO (c) Cardiac Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) 95c			
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? H&H			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrick E Taylor Cur B				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-10-49		24c. NAME OF CEMETERY OR CREMATORY Mt Hope		24d. LOCATION (City, town, or county) (State) Webb City Mo	
DATE REC'D BY LOCAL REG. JUL 8 1949		REGISTRAR'S SIGNATURE J B Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M J Coghlan 7146 Manchester		

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

*PSD/A
1989 1/16/89*

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 *J. Allen Davis Jr.*
Licensed Embalmer No. *74053*

P. O. Address *St. Louis, 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.