

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34195**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. **5808** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>High Hill</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>High Hill 07015</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) <b>LILBERT ROBERT SENTRY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 2 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>June 27 1876</b>
9. AGE (In years last birthday) <b>74</b>	10. USUAL OCCUPATION (Give kind of work done during most of workable life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Montgomery County Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>John Sentry</b>	
13b. MOTHER'S MAIDEN NAME <b>Skynia McFarland</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Sentry</b>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>2</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Clara Sentry</b>		ADDRESS <b>High Hill Mo</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b> ANTECEDENT CAUSES DUE TO (b) <b>Bronchial asthma</b> DUE TO (c) <b>Chronic myocarditis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4-2-22</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> <b>15 yrs</b> <b>5 yrs</b>			
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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 <b>Dec</b> , 19 <b>46</b> , to <b>NOV-2</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Oct 31</b> , 19 <b>50</b> , and that death occurred at <b>2:30</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>James O. Helm M.D.</b>		23b. ADDRESS <b>New Florence Mo</b>	
23c. DATE SIGNED <b>11-4-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>NOV 4</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Forestburg</b>		24d. LOCATION (City, town, or county) (State) <b>Forestburg Mo</b>	
DATE REC'D BY LOCAL REG. <b>NOV, 8-50</b>		REGISTRAR'S SIGNATURE <b>Mrs. May Miller</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl A. Harding</b>		ADDRESS <b>Forestburg Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

300

.....  
DISTRICT HEALTH OFFICE No. 4

NOV 14 1950

RECEIVED

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4115

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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