

STANDARD CERTIFICATE OF DEATH

State File No. **40533**

FILED JAN 2 1950

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 33

461
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene</u>	
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>HENRIETTA GENTRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1950</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 20, 1868</u>		9. AGE (In years last birthday) <u>82</u>		if UNDER 1 YEAR <u>9</u> Months <u>25</u> Days		if UNDER 4 HRS. <u>1</u> Hour <u>1</u> Min.	
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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>Own Home</u>			11. BIRTHPLACE (State or foreign country) <u>Michigan /</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Henry Gage</u>			13b. MOTHER'S MAIDEN NAME <u>Gillispie</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. A. Wilson</u> ADDRESS <u>Willow Springs, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Acute Lobar Pneumonia</u>							
		DUE TO (c) <u>Uremia</u>						<u>490X</u>	
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Arthritis</u>							

19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 11/28, 1950 to 12/14, 1950 that I last saw the deceased alive on 12/13, 1950, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. B. Perkins, M.D.</u>			23b. ADDRESS <u>Willow Springs, Mo.</u>			23c. DATE SIGNED <u>12/16/50</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Clear Springs, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 23/1950</u>		REGISTRAR'S SIGNATURE <u>Marshall Ballard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home</u> ADDRESS <u>Willow Springs</u>	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 28 1950

Dist. File 1250-2585

Date Filed 12-28-50

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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Wellspring, Mo.

NOT EMBALMED

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.