

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32473**

FILED OCT 25 1951
BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4021** Registrar's No. **18-18**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laddonia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
c. LENGTH OF STAY (in this place) 7 months		1043	
d. FULL NAME OF HOSPITAL OR INSTITUTION Scott Nursing Home		d. STREET ADDRESS (If rural, give location) 811 W. Breckenridge	

3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE b. (Middle) A. c. (Last) GENTRY			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 7, 1875		9. AGE (In years and birthday) 76		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Callaway County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James J. Spicer		13b. MOTHER'S MAIDEN NAME Susa M. Harvey		14. NAME OF HUSBAND OR WIFE H.C. Gentry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war, or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H.C. Gentry, Mexico, 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) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Cardio-Renal vascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 day 2 yrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X		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)		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 **Oct 8, 1951**, to **Oct 12, 1951**, that I last saw the deceased alive on **Oct 12, 1951**, and that death occurred at **3 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE R. B. Price, D.O.		23b. ADDRESS Laddonia, Mo.		23c. DATE SIGNED 10-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 14, 51		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
				24d. LOCATION (City, town, or county) (State) Mexico, Mo.	

DATE REC'D BY LOCAL REG. 10-13-51		REGISTRAR'S SIGNATURE Martha Korman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. E. Pugh Mexico, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1040
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Date Received: OCT 17 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1859
Date Filed: OCT 17 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Ralph L. Hueston Jr.*

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.