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FILED AUG 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25890

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LOUISIANA
c. LENGTH OF STAY (In this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PIKE COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ELSBERRY 0570
d. STREET ADDRESS (If rural, give location) Black Street /

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) FRANKLIN c. (Last) GENTRY

4. DATE OF DEATH (Month) JULY (Day) 22 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED (Specify)~~ widowed
8. DATE OF BIRTH 1-26-1865
9. AGE (In years last birthday) 88 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) Farmer-retired
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) Lincoln County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN GENTRY
13b. MOTHER'S MAIDEN NAME JOANNE BIRKHEAD
14. NAME OF HUSBAND OR WIFE Jennie Gentry-deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME J.C. Gentry-RFD, Elsberry, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Myocarditis — 1 yr.
DUE TO (c) Chr. Cardio-Vascular-Renal Disease — 1 yr.

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 442X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-19-53, 19__, *to* 7-22, 1953, *that I last saw the deceased alive on* 7-22, 1953, *and that death occurred at* 3:08 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE ROBERT L. ANDRAE, M. (Degree or title) Robert L. Andrae M.D.
23b. ADDRESS 216 Georgia St. Louisiana, Mo
23c. DATE SIGNED 7-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JULY 25, 1953
24c. NAME OF CEMETERY ~~OR CREMATORY~~ CORINTH
24d. LOCATION (City, town, or county) (State) FOLEY, Mo.

DATE REC'D BY LOCAL REG. July 24, 1953
REGISTRAR'S SIGNATURE Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS ELSBERRY, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 4 1954

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 [illegible]

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo

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.