

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

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1001 E. Lake Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital Osteo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GENE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>GENTRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>June 18, 1931</u>		9. AGE (In years last birthday) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>	
11. BIRTHPLACE (State or foreign country) <u>Oakland, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing</u>	

13a. FATHER'S NAME <u>Paul Gentry</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Daniels</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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>489-32-2835</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul H. Gentry</u>	
				ADDRESS <u>St. Joseph, Mo.</u>	

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) <u>Ruptured appendix</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>peritonitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>
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19a. DATE OF OPERATION <u>Dec 29, 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Appendectomy</u>		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) <u>5501</u>	

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 12-29-53, to 1-6-54, 1954, that I last saw the deceased alive on 1-6-54, 1954, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Ferguson</u>		(Degree or title) <u>Dr</u>		23b. ADDRESS <u>St Joseph, Mo. 280 1/2 Francis</u>	
23c. DATE SIGNED <u>1-6-54</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Jan 15, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St James Funeral Home</u>	
				ADDRESS <u>St Joseph, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 18 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4634.....

P. O. Address St Joseph 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.