

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38090**

FILED NOV 17 1954

BIRTH NO. _____		REG. DIST. NO. <b>228</b>		PRIMARY REG. DIST. NO. <b>5808</b>		Registrar's No. <b>19</b>		
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) OR TOWN <b>HIGH HILL</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HIGH HILL</b>		0700		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>Nov. 0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>SILVESTER</b> b. (Middle) <b>GENTRY</b> c. (Last) <b>GENTRY</b>			4. DATE OF DEATH <b>Nov 9 1954</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 22 1871</b>		9. AGE (in years last birthday) <b>83</b>		IF UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery County mo</b>		12. CITIZENSHIP OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>J. B. Gentry</b>		13b. MOTHER'S MAIDEN NAME <b>Sydney McFarland</b>		14. NAME OF HUSBAND OR WIFE <b>Ira Gentry</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Snow High Hill</b> 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, asthma, 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>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>CEREBRAL HEMMORRHAGE</b> <b>2 wks</b>		
		DUE TO (c) <b>ARTERIO-SCLEROTIC NEPHRITIS</b>				<b>?</b>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>CHRONIC HEPATITIS</b> <b>2 yrs</b>		
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>446X</b>				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 (Month) (Day) (Year) (Hour) OF INJURY <b>None</b>		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>Jan 4 - 1951</b> , to <b>Nov. 9, 1954</b> , that I last saw the deceased alive on <b>Nov 9, 1954</b> , and that death occurred at <b>4:00 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>James O. Helm MD.</b> (Degree or title)				23b. ADDRESS <b>New Florence mo.</b>		23c. DATE SIGNED <b>11-12-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 11 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Pleasant</b>		24d. LOCATION (City, town, or county) (State) <b>High Hill mo</b>		
DATE REC'D BY LOCAL REG. <b>Nov 14 54</b>		REGISTRAR'S SIGNATURE <b>Wm May St. Miller</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed Harding</b>		ADDRESS <b>Jourdrey mo</b>		

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

No. 300  
10-48

**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 Paul A. Darday

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.