

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22701

BIRTH NO. 24042-55 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY KNOX	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EDINA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SALT RIVER	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8 MI SE HURDLAND	
d. FULL NAME OF HOSPITAL OR INSTITUTION GIBSON			

3. NAME OF DECEASED (Type or Print) a. (First) DONNA b. (Middle) FAYE c. (Last) GENTRY			4. DATE OF DEATH (Month) (Day) (Year) JULY 10 1955		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	
8. DATE OF BIRTH APRIL 6 1955		9. AGE (In years last birthday) 0		10. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	

13a. FATHER'S NAME OSBORNE GENTRY		13b. MOTHER'S MAIDEN NAME SHELOA VALEK GREGORY		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS OSBORNE GENTRY HURDLAND 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Flu. DUE TO (b) 480X Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
---	--	--	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 July 7, 1955 to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 10.10P., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Edina Mo.		23c. DATE SIGNED 7-13-55	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 7-12-1955		24c. NAME OF CEMETERY OR CREMATORY IOOF	
		24d. LOCATION (City, town, or county) (State) HURDLAND MO			

DATE REC'D BY LOCAL REG. July 16-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Hurdland Mo	
--	--	--	--	---	--

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

520

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 Geo Bessley

Licensed Embalmer No. 3755

P. O. Address Hurdland Md

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.