

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39875**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: rank in before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau	c. LENGTH OF STAY (in this place) 45 yr	c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		STREET ADDRESS (If rural, give location) 5 S Hanover	

3. NAME OF DECEASED (Type or Print) a. (First) Ollie	b. (Middle)	c. (Last) Gentry	4. DATE OF DEATH (Month) (Day) (Year) 12-30-1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 22 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Clinton Ky	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Hans Fields	13b. MOTHER'S MAIDEN NAME Dpn't Know	14. NAME OF HUSBAND OR WIFE Eugene Gentry (Deceased)
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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. no	17. INFORMANT'S SIGNATURE OR NAME Mr. Eugene Gentry ADDRESS Cape Gir Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		332XF
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intertrochanteric fr. Rt. hip			5 Days

19a. DATE OF OPERATION Dec 27-55	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture Rt. hip	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau, Cape Gir Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 25 55 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down basement steps
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22. I hereby certify that I attended the deceased from **Dec. 25 1955** to **Dec. 30 55**, that I last saw the deceased alive on **12-30-55**, and that death occurred at **6:42 m.**, from the causes and on the date stated above.

23a. SIGNATURE W. O. L. Sealang, M.D. (Degree or title)	23b. ADDRESS No. 24 N. Sprigg Cape Girardeau, Mo.	23c. DATE SIGNED 1-2-56
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial Removal	24b. DATE 1-1-56	24c. NAME OF CEMETERY OR CREMATORY Clinton Ky	24d. LOCATION (City, town, or county) (State) Clinton Ky.
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DATE REC'D BY LOCAL REG. 1-2-56	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell-Ester ADDRESS Cape Gir Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jul 12 1958

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.....
Signature of Student Embalmer

Signed..... *W. H. Ester*

Licensed Embalmer No. *356*

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.