

DR. GENTRY  
FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8761

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 299-A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	c. LENGTH OF STAY (in this place) <u>2 mo 15 da</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>	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. <u>RUFFIN REST HOME</u>		e. STREET ADDRESS (If rural, give location) <u>520 SOUTH</u> <u>03980</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>	b. (Middle) _____	c. (Last) <u>KESSLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 10 1874</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TAILOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>IKE KESSLER</u>	13b. MOTHER'S MAIDEN NAME <u>SUSIE (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>(Unknown)</u>	17. INFORMANT'S SIGNATURE OR NAME <u>PERSONAL PAPERS</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	ANTECEDENT CAUSES <u>with metastases to Colon &amp; lung</u>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>MORPHIC</u>		
DUE TO (b) _____			<u>3 mo</u>
DUE TO (c) _____			
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan 1, 1956 to Mar 27, 1956, that I last saw the deceased alive on 3-27, 1956, and that death occurred at 2:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. S. Gentry M.D.</u>	23b. ADDRESS <u>Medists Bldg., Springfield</u>	23c. DATE SIGNED <u>4-2-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/30/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>TEMPLE ISRAEL</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4-3-56</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edith Williamson</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Lucien J. Swalley*.....

Licensed Embalmer No. *4815*.....

P. O. Address *Springfield*.....

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.