

FILED AUG. 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 27704

BIRTH NO.		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5804		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give town) RURAL-JACKSON TWP.		c. LENGTH OF STAY (In this place) 4 YRS		c. CITY RURAL OR TOWN JACKSON TWP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION STAR RT., PARIS				STREET ADDRESS (If rural, give location) STAR RT., PARIS, MO 6490			
3. NAME OF DECEASED (Type or Print) a. (First) GARLAND b. (Middle) RONEY c. (Last) GENTRY			4. DATE OF DEATH (Month) (Day) (Year) AUG 20, 1954				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 20, 1901		9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) MONROE CO., MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME EVERETT RONEY		13b. MOTHER'S MAIDEN NAME STELLA HAYDEN		14. NAME OF HUSBAND OR WIFE JESSE GENTRY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-30-0946		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSE GENTRY, PARIS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	18. MEDICAL CERTIFICATION i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Symphoric Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 Symphoric Sclerosis						
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) PARIS, MO.			
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?			
22. I hereby certify that I attended the deceased from Aug 20, 1954 to Aug 20, 1954 , that I last saw the deceased alive on Aug 20, 1954 , and that death occurred at 7:15 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 8-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-22-54	24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEM.		24d. LOCATION (City, town, or county) (State) MONROE CO., MO.			
DATE REC'D BY LOCAL REG. 8-21-54	REGISTRAR'S SIGNATURE D. A. Barnett M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey		ADDRESS PARIS, MISSOURI		

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *E. Hagnauer*

Licensed Embalmer No. *400*

P. O. Address *PARIS, MISSOURI*

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.