

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **29547**  
 Registrar's No. **130**

FILED AUG 31 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **323** PRIMARY REG. DIST. NO. **3074**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miss.</b>	
b. CITY OR TOWN <b>Sikeston</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>East Prairie</b> STAY (in this place) <b>6 days</b>	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 <b>Mo. Delta Community Hospital</b> (If not in hospital or institution, give street address or location)		e. STREET ADDRESS (If rural, give location) <b>Route # 2 Box 30</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b> b. (Middle) <b>-</b> c. (Last) <b>Gentry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 16 1956</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>3-28-1890</b>		9. AGE (In years last birthday) <b>66</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>n</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		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 <b>Bernice Fisher</b> ADDRESS <b>St. Louis, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage Massive</b>  ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 <b>Hypertension, Essential, Severe</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>Unknown</b>	
		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?	
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22. I hereby certify that I attended the deceased from **8-11**, 19**56**, to **8-16**, 19**56**, that I last saw the deceased alive on **8-16**, 19**56**, and that death occurred at **5:12** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ande B. ...</b> (Degree or title) <b>D</b>			23b. ADDRESS <b>St. Louis, Mo</b>			23c. DATE SIGNED <b>8-17-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holly Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Steele, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>8-20-56</b>		REGISTRAR'S SIGNATURE <b>Mr. Delta Hunter</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>German Undt. Co. Steele, Mo.</b>			

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

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DATE RECEIVED AUG 27 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 856-182

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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.....

*John H. German*

Licensed Embalmer No. 435

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