

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006201

STATE FILE NUMBER

REG. MAR 11 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Macks Creek</b> <sup>6150</sup> / <sub>c</sub>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wallace</b>		Length of stay in lb <b>6 hrs</b>	d. STREET ADDRESS (If outside, give location) <b>—</b>
3. NAME OF DECEASED (Type or print) First <b>Ross</b> Middle <b>Gentry</b> Last <b>Gentry</b>			4. DATE OF DEATH Month <b>2</b> Day <b>19</b> Year <b>59</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/3/1889</b>
9a. AGE (In years, months, days) <b>69</b>		IF UNDER 1 YEAR Months <b>—</b> Days <b>—</b>	IF UNDER 24 HRS. Hours <b>—</b> Min. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <b>Laundry owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LAUNDRY</b>	11. BIRTHPLACE (City and state or country) <b>Greenville Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henderson Gentry</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Strickland</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes Boyer Gentry</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>487-10-0084</b>	17. INFORMANT Address <b>Agnes Gentry Macks Creek, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular Accident</b> DUE TO (b) <b>Malignant Hypertension</b> DUE TO (c) <b>—</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>one day</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>None</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <b>8 P.</b> Month, Day, Year <b>2/19/59</b> a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION <b>Lebanon, Mo</b>	20f. COUNTY <b>Camden</b>	20g. STATE <b>Mo</b>	
21. I attended the deceased from <b>2/19/59</b> and last saw her alive on <b>2/19/59</b> Death occurred at <b>8 P. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Roger E. Fisher M.D.</b>		22b. ADDRESS <b>Lebanon, Mo</b>	22c. DATE SIGNED <b>2/24/59</b>
23a. BURIAL, CREMATION, or other disposition (Specify) <b>Buried</b>	23b. DATE <b>2/22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Macks Creek</b>	23d. LOCATION (City, town, or county) (State) <b>Macks Creek, Mo</b>
24. FUNERAL HOME <b>Edges Funeral Homes, Liberia, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-4-1959</b>	26. REGISTRAR'S SIGNATURE <b>Hella L. Hays</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ..... *Walter P. Hedger*

Licensed Embalmer No. *4265*  
P. O. Address *Berea, 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.