

Health,  
& Welfare  
Public  
Service

300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-027562

STATE FILE NUMBER

FILED VS JUL 21 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1809

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Richmond Heights</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Elsberry</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>             |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Marys Hosp.</b>   |                                  | Length of stay in 1b<br><b>7 Hrs.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>0570 Elsberry Mo.</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Johnathan</b> Middle <b>Ira</b> Last <b>Gentry</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>3</b> Year <b>1959</b>  |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 24, 1880</b>   | 9. AGE (In years last birthday)<br><b>78</b>       | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Lincoln County Mo.</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>      |   |
| 13a. FATHER'S NAME<br><b>George Nixen Gentry</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Carrie M. Davis</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Widowed</b>      |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>   | 17. INFORMANT Address<br><b>Clifton Miller, Elsberry Mo.</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Deep venous thrombosis (femoral, etc)</b>   |                                  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b> |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Peritonitis with slow portal V. thrombosis</b>  |                                  |   |  | <b>2 weeks</b>                                     |   |
| DUE TO (c) <b>? appendicitis</b>  |                                  |   |  | <b>3 weeks</b>                                     |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>5501</b>  |                                  |   |  |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  |   |  |  |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |   |
| 20c. TIME OF INJURY<br>Hour <b>0</b> Month, Day, Year <b>0</b>  |                                  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE          |   |
| 21. I attended the deceased from <b>6/23/59</b> , to <b>7/2/59</b> and last saw <sup>her</sup> him alive on <b>7/2/59</b><br>Death occurred at <b>7/3/59 at 7:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Willard Bartlett MD</b>  |                                  | 22b. ADDRESS<br><b>634 N Grand, St Louis 3</b>  |  | 22c. DATE SIGNED<br><b>7/3/59</b>                  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |                                  | 23b. DATE<br><b>7/5/59</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Elsberry City Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Elsberry Mo.</b>                  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Miller Funeral Home, Elsberry Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>7-6-59</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Steve Miller</b>   |  |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

AUG 7 1959

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 *Clifton Miller* .....

Licensed Embalmer No. *3364* .....

P. O. Address *Elberry 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.