

VS OCT 21 1960

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

-60-039213

STATE FILE NUMBER

Registration District No. *272*Primary Registration District No. *0907*Registrar's No. *48*

PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Steele, Mo. Carters Store		c. CITY OR TOWN Steele Mo.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION None Cooler Ref.		d. STREET ADDRESS (If outside, give location) Carters Store	
NAME OF DECEASED (Type or print) First Art Middle Gentry Last State		4. DATE OF DEATH Month 10 Day 10 Year 60	
SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/16/1895
USUAL OCCUPATION (Give kind of work done during most of adult life, or if retired) Common Laborer		10b. KIND OF BUSINESS OR INDUSTRY Any	11. BIRTHPLACE (City and state or country) Mississippi
FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lucinda States
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give dates of service) None		16. SOCIAL SECURITY NO. Yes	17. INFORMANT (Name and address) (Wife) Steele, Mo.
8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown - this man died suddenly without medical attention Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 795.5 DUE TO (b) 795.5 DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/>
0a. 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.)	
0c. TIME OF INJURY Hour a.m. p.m.		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
0d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
01. I attended the deceased from _____, to _____ and last saw her/him _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
2a. SIGNATURE (Degree or title) James A. Johnson, Coroner		22b. ADDRESS Wassell, Mo	22c. DATE SIGNED 10-11-60
21a. CREMATION, YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DATE 10/13/60	23c. NAME OF CEMETERY OR CREMATORY Puxico Cem.	23d. LOCATION (City, town, or county) (State) Mo. State Line	
25. DATE RECD. BY LOCAL REG. 10-13-60		26. REGISTRAR'S SIGNATURE [Signature]	
24. FUNERAL DIRECTOR ADDRESS ecil V. Horne Blytheville, Ark.			

(Licensed Embalmer's Statement on Reverse Side)

0961 28 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by By Me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 6

P. O. Address Blythevi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING 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.