

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009301

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 25

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED APR 6 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SNE-BAR-TWP. Length of stay in lb 2 HRS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tarsney Lake Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN Independence Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 603 Ponca Dr. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Richard Middle Lloyd Last Gentle Sr.
 4. DATE OF DEATH Month March Day 31 Year 1961
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 5-22-1931 9. AGE (last birthday) 29 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman 10b. KIND OF BUSINESS OR INDUSTRY Liberty Mutual Co. 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Howard Gentle 13b. MOTHER'S MAIDEN NAME Velma Jones 14. NAME OF HUSBAND OR WIFE Bessie R. Gentle
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Jan. 51 to Jan. 54 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Bessie R. Gentle Address Independence, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Death by drowning INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) In a boat when it upset
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 3-31-61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tarney Lake 20f. CITY, TOWN, OR LOCATION Jackson COUNTY STATE MO
 21. I attended the deceased from and last saw her/him alive on . Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Surgeon of Queens Corner 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 4-1-61
 23a. MANNER OF REMOVAL (Specify) Removal 23b. DATE April 13, 1961 23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery 23d. LOCATION (City, town, or county) Paragould (State) Arkansas

24. FUNERAL DIRECTOR Geo. C. Carson & Sons ADDRESS Independence, Mo. 25. DATE RECD. BY LOCAL REG. 4-1-1961 26. REGISTRAR'S SIGNATURE D. B. Langford

APR 11 1961

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

Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.