

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-001676

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 113

AMENDED

FILED JAN 25 1962

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 1 WEEK | c. CITY OR TOWN Mission Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location). 5516 Rosewood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First MABEL Middle C. Last GENTRY | 4. DATE OF DEATH Month Jan. Day 7 Year 1962 |
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| 5. SEX Female | 6. COLOR OR RACE Cauc. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/13/83 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------|----------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER | 10b. KIND OF BUSINESS OR INDUSTRY ANTIQUÉ | 11. BIRTHPLACE (City and state or country) CASS COUNTY, MO. | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME JOSIAH W. GEORGE | 13b. MOTHER'S MAIDEN NAME ELSIE LIGGETT | 14. NAME OF HUSBAND OR WIFE RALPH GENTRY |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT William F. Cook, Mission, Kansas Address 5516 Rosewood |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) A. S. C. Brain | | |
| DUE TO (c) | | |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple myeloma | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 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 _____ |
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21. I attended the deceased from 12-20-61 to 1-7-62 and last saw her/him alive on 1-7-62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Deceased or title) Harry P. Cohen | 22b. ADDRESS 751 E 63rd St. | 22c. DATE SIGNED 1-8-62 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE DEC. 9, 1962 | 23c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEMETERY | 23d. LOCATION (City, town, or county) (State), KANSAS CITY MISSOURI |
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| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 1-9-62 | 26. REGISTRAR'S SIGNATURE Ruth Long |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 HARRY P. COHEN
 SHOULD READ
 ITEM NO.

Am 1 - - 2/23

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 Vern Fowler

Licensed Embalmer No. 4915

P. O. Address 116 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.

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