

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39960**

BIRTH NO. _____ REG. DIST. NO. **354** PRIMARY REG. DIST. NO. **4519** Registrar's No. **99**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo. b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) Cabool		c. CITY (If outside corporate limits, write RURAL and give township) Cabool	
c. LENGTH OF STAY (in this place) 5 mos		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Hayden c. (Last) Gentry			4. DATE OF DEATH (Month) (Day) (Year) Nov 21 1949		
5. SEX m	6. COLOR OR RACE w.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 17 1948		9. AGE (In years last birthday) 1 1/2 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cabool Mo.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME JAMES Gentry		13b. MOTHER'S MAIDEN NAME MARY Lou Burchett		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME James Gentry ADDRESS Cabool mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7544	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **1948**, to **Nov 21, 1949**, that I last saw the deceased alive on **Nov 21, 1949**, and that death occurred at **3:02 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Garrett Ross Bunn			23b. ADDRESS Cabool mo.		23c. DATE SIGNED Nov 22/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 22-49	24c. NAME OF CEMETERY OR CREMATORY CABOOL		24d. LOCATION (City, town, or county) (State) Cabool mo	
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DATE REC'D BY LOCAL REG. 11-22-49		REGISTRAR'S SIGNATURE. Gaynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rayford V. Elliott Cabool mo.	
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Recd
Jph
11-2
9:0

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.

Signed Gaylord V. Elliott

Signed _____
Student Embalmer

Licensed Embalmer No. 2252

P. O. Address Cabool m

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 this body is not embalmed, fact should be so stated above.