

FILED NOV 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. **38007**

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5676 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Lincoln Co. Mo.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Millwood</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Millwood</u>		d. STREET ADDRESS (If rural, give location) <u>344 W. Silet Mo 0570</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Michael</u> c. (Last) <u>Gentemann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-29-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-26-1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James M. Gentemann</u>		13b. MOTHER'S MAIDEN NAME <u>Kathleen Sells</u>		14. NAME OF HUSBAND OR WIFE <u>Bertie Gentemann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertie Gentemann Silet Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Regurgitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystotomy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		<u>584X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec-30, 1950 to SEP 29, 1951, that I last saw the deceased alive on SEP 29, 1951, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>R.M. Penu. M.D.</u> (Degree or title)		23b. ADDRESS <u>Silet, Mo.</u>		23c. DATE SIGNED <u>Oct. 1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-1-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Millwood</u>	24d. LOCATION (City, town, or county) (State) <u>344 W. Silet Lincoln Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-8-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Daumel & Mudd Silet Mo.</u>	

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

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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
Student Embalmer

Signed W. P. Vannoy

Licensed Embalmer No. 2251

P. O. Address Sibley, 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 this body is not embalmed, fact should be so stated above.