

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 423 North Webb St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 423 North Webb St.		d. STREET ADDRESS (If rural, give location) 423 North Webb St.	

3. NAME OF DECEASED (Type or Print) GEORGE P. GENTES	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH February 4, 1952	(Month) (Day) (Year)
--	------------	-------------	-----------	-----------------------------------	----------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH May 9, 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 25	Hours	Min.
-------------	------------------------	---	------------------------------	------------------------------------	--------------------------	--------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garageman	10b. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	-------------------------------------

13a. FATHER'S NAME Jacob J. Gentes	13b. MOTHER'S MAIDEN NAME Ida Mae Arnett	14. NAME OF HUSBAND OR WIFE None
------------------------------------	--	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 570-22-0585	17. INFORMANT'S SIGNATURE OR NAME Daniel O. Gentes	ADDRESS Miami, Oklahoma
--	-------------------------------------	--	-------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxic Myocarditis		-
	DUE TO (c) Chronic Hepatitis		-
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic Cholecystitis	

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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 1/12, 1952, to 2/4, 1952 that I last saw the deceased alive on 2/7, 1952, and that death occurred at 5 P. M., from the causes and on the date stated above.

23a. SIGNATURE Wm. Webb-Lee, D.O. (Degree or title)	23b. ADDRESS Webb City, Mo. 924 W. Danaher W. C.	23c. DATE SIGNED 2/6/52
---	--	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 6, 1952	24c. NAME OF CEMETERY OR CREMATORY G.A.R. Cemetery	24d. LOCATION (City, town, or county) (State) Miami, Oklahoma
---	------------------------	--	---

DATE REC'D BY LOCAL REG. Feb 6 52	REGISTRAR'S SIGNATURE R.L. Dietz	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri
-----------------------------------	----------------------------------	--	-----------------------------

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

RECEIVED 2-12-22
Jasper County Health Office

County File Number 52/2/127

Date Filed 2-13-22

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 Leonard J. Lewis 2

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.