

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21166  
Registrar's No. 89

0620  
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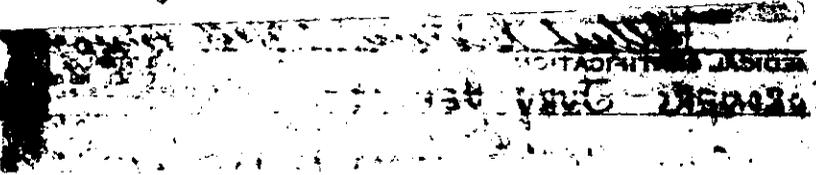
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5745</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Haynes</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Central</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mill Spring</u>		1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHESTER</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>GENTLES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 29, 1933</u>		9. AGE (In years last birthday) <u>19</u>	10. UNDER 1 YEAR Months <u>3</u>	11. UNDER 24 HRS. Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>freight back washer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kelleher &amp; Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mill Spring, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Gentles</u>		13b. MOTHER'S MAIDEN NAME <u>Grace M. Laxton</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Gentles, Mill Spring, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONERS JURY VERDICT</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) CAME to his death as a result OF A FIRE CAUSED BY A FIRE</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OF AN AUTOMOBILE ACCIDENT</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>062</u>				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.) <u>HIGHWAY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CENTRAL Township Madison MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT AND FIRE</u>			
22. I hereby certify that I attended the deceased from <u>10</u> , 19 <u>52</u> , to <u>10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-2-52</u> , 19 <u>52</u> , and that death occurred at <u>9:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Sam Devin J. Coroner Madison Co Mo</u>				23b. ADDRESS <u>FREDERICKTOWN MO.</u>		23c. DATE SIGNED <u>6-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-2-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MILL SPRING CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>MILL SPRING MO.</u>	
DATE REC'D BY LOCAL REG. <u>7-2-52</u>		REGISTRAR'S SIGNATURE <u>Flarence H. Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GISH Funeral Home, Piedmont, Mo.</u>			

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FILE NO. 75-2-39

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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 not

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Pittman, 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.