

## STANDARD CERTIFICATE OF DEATH

State File No. **27131**

LED AUG 25 1952

BIRTH NO.		REG. DIST. NO. <b>38</b>	PRIMARY REG. DIST. NO. <b>3006</b>	Registrar's No. <b>223</b>
1. PLACE OF DEATH a. COUNTY <b>Boone</b> <b>0105</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b> <b>0105</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>104 Machir St.</b>		d. STREET ADDRESS (If rural, give location) <b>104 Machir St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BERTHA</b> b. (Middle) <b>ANN</b> c. (Last) <b>GENTRY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 14, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <b>2</b>	8. DATE OF BIRTH <b>April 13, 1877</b>	9. AGE (In years last birthday) <b>75</b> # UNDER 1 YEAR <b>4</b> # UNDER 1 MONTH <b>1</b> # UNDER 1 HOUR <b>1</b> # UNDER 1 MIN. <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <b>Boone County, Missouri.</b> <b>0</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>J.S. Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Brown</b>		14. NAME OF HUSBAND OR WIFE <b>William Gentry</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <b>Lonnie Gentry, 104 Machir St., Columbia, Mo</b>
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) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Asterio-Sclerosis</b> DUE TO (c) <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>?</b> <b>?</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332X</b>			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) (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 <b>Nov</b> , 1949 to <b>Aug 13</b> , 1952, that I last saw the deceased alive on <b>Aug 12</b> , 1952, and that death occurred at <b>6:05 Am.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>E. S. Baskett</b>		23b. ADDRESS <b>118 Columbia</b>		23c. DATE SIGNED <b>8/15/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 16, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 16, 1952</b>	REGISTRAR'S SIGNATURE <b>Mrs. R E Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>31- Parker Funeral Service</b>	ADDRESS <b>Columbia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clarence M. Billo*

Signed.....

Student Embalmer

Licensed Embalmer No.

*4375*

P. O. Address

*Columbia, Md*

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.