

SEP 22 1952

STANDARD CERTIFICATE OF DEATH

31144

State File No.

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u> <u>0290</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>McPherson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McPherson St.</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>McPherson St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Temple</u> c. (Last) <u>Gentry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	
8. DATE OF BIRTH <u>Oct. 20, 1880</u>		9. AGE (in years last birthday) <u>71</u>		10. UNDER 1 YEAR Days <u>10</u> Hours <u>22</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rich Hill, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Silas Gilliland</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte T. Thompson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Robert Gentry</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Gentry</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 <u>Miss Ethel Hail</u>		17. ADDRESS <u>Greenfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy of Pancreas</u>				INTERVAL BETWEEN ONSET AND DEATH
		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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>157X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8-2- 1952, to 9-11- 1952, that I last saw the deceased alive on 9-11- 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>V. D. Combs M.D.</u> (Degree or title)		23b. ADDRESS <u>Lockwood, Missouri</u>		23c. DATE SIGNED <u>9-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	
		24d. LOCATION (City, town, or county) (State) <u>Dade Co., Missouri</u>			

DATE REC'D BY LOCAL REG. <u>9-14-52</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u> <u>478</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u> ADDRESS <u>Greenfield, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

290
1

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.