

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **38763**

**FILED NOV 18 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1019

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u>  b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield</u>  c. LENGTH OF STAY (in this place) <u>2 hours</u>  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1646 E. Brower Street</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Campbell Twsp.</u>  d. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 2</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>FRED</u> b. (Middle) <u>ANSON</u> c. (Last) <u>GENTRY</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 9, 1953</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>11 July 1887</u>	<b>9. AGE</b> (In years last birthday) <u>00</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Dairy Farmer</u>		<b>11. BIRTHPLACE</b> —(City and State or Foreign Country) <u>St. Clair County, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Anson Gentry</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Norris</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lena Gentry</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>----</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Bobby Gentry, Rt. 2, Springfield, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>MYOCARDIAL INFARCTION, ACUTE</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ATHEROSCLEROSIS</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>FEW MIN. UTS</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from DEC 21, 1943, to NOV. 9, 1953, that I last saw the deceased alive on APRIL 21, 1953, and that death occurred at 8:00 P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Edna O.T. W...</u> M.D.	<b>23b. ADDRESS</b> <u>Springfield, Mo.</u>	<b>23c. DATE SIGNED</b> <u>11/11/53</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>12 Nov. 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Holsapple Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Clair County, Missouri.</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>11-12-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edna O.T. Williams</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Fred C. Thierne Springfield, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**STATEMENT BY LICENSED EMBALMER**

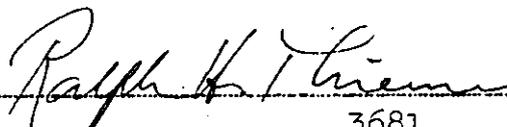
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3681

P. O. Address Springfield, Misso

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.