

FILED OCT 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32782

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6112B Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>at home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>JACOB</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>GENTRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>OCT 6, 1884</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOHN A. GENTRY</u>		13b. MOTHER'S MAIDEN NAME <u>MARYE. WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE <u>Freda Davis</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>Mrs Evelyn Neal</u> ADDRESS <u>Illmo, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchietasis</u> DUE TO (c) <u>Bronchial Asthma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition (early)</u>	
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) (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 <u>9/14</u> , 19 <u>54</u> , to <u>10/1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/22</u> , 19 <u>54</u> , and that death occurred at <u>1:25</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dynon B. Jay, D.O.</u>		23b. ADDRESS <u>Tonahell, Mo.</u>	23c. DATE SIGNED <u>10/2/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knighten</u>
24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 4-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. J. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bigling Woff Funeral Home</u> ADDRESS <u>Illmo, Mo</u>

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

DATE RECEIVED 0614 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 10549907

DEC 9 1954

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 Oliver Carmichael

Licensed Embalmer No. 4470

P. O. Address Elmo, 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.