

No. 300
10. 48

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33488

State File No.

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5423 Registrar's No. 18

I. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Senath Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY Dunklin
c. CITY OR TOWN Senath
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 1 mi South 0350

3. NAME OF DECEASED
(Type or Print)
a. (First) O'Dell
b. (Middle) _____
(Last) Gentry

4. DATE OF DEATH
(Month) (Day) (Year)
Sept 21 54

5. SEX M
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
Sept. 29 1934

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.
38 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Senath, Mo

12. CITIZEN OF WHAT COUNTRY?
US

13a. FATHER'S NAME
Frank Gentry

13b. MOTHER'S MAIDEN NAME
Minnie Lee Thomas

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state part of time of service)
Yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Wm. Southern Senath Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homicide by Gunshot Wound
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Instant

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
E981X

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Homicide

21b. PLACE OF INJURY (e.g., in or about home, near factory, street, roadside, etc.)
Near Senath, Mo.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Senath Dunklin Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Quinton Taylor Coroner, Dunklin County

23b. ADDRESS
Kennett, Mo.

23c. DATE SIGNED
10-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
9/23/54

24c. NAME OF CEMETERY OR CREMATORY
Lula

24d. LOCATION (City, town, or county) (State)
Senath Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
10-22-54 Mrs. J. H. Lanier

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Howard Funeral Senath Mo

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-26-54
COUNTY FILE NUMBER 1054-2

REC 3
1954

FEB 28 1955

FEB 25 1955

MS DEC 13 1950

OCT 28 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.....
Signature of Student Embalmer

Signed *Edwin J. Lamm*

Licensed Embalmer No. 494

P. O. Address *Senath*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.