

STANDARD CERTIFICATE OF DEATH

State File No. **4571**

FILED MAR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE: <b>Missouri</b> b. COUNTY: <b>Grundy</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Trenton</b>		c. CITY OR TOWN <b>Trenton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 mo.</b>		e. STREET ADDRESS (If rural, give location) <b>701 1/2 Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Susan's Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>ELLA E. GENTRY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 26, 1955</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 14, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Days <b>12</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>

13a. FATHER'S NAME <b>Daniel McAtee</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Anna PREWITT</b>	14. NAME OF HUSBAND OR WIFE <b>James I. Gentry</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Helen Hall, Trenton, Mo</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>fracture neck of right femur 2 1/2 weeks</b>		
	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.		<b>E9040 21</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident Home Fall</b>	21b. PLACE OF INJURY (Home, farm, factory, street, public place, etc.) <b>Home Fall</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Trenton Grundy Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-26-54 9A</b>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>10-26</b>

22. I hereby certify that I attended the deceased from alive on **Jan 24th 1955**, and that death occurred at **8:00a.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Clara P. Duffey</b>	(Degree or title)	23b. ADDRESS <b>Trenton Mo</b>	23c. DATE SIGNED <b>Jan 2</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 28, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	24d. LOCATION (City, town, or county) (State) <b>Trenton, Grundy, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-28-55</b>	REGISTRAR'S SIGNATURE <b>Jane Jari</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Donald H. Slater</b>	ADDRESS <b>115 Trenton, Mo</b>
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(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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Donald H. Slater*.....

Licensed Embalmer No. 4467

P. O. Address Trenton, N.J.

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.