

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3587**BIRTH NO. _____ REG. DIST. NO. **356** PRIMARY REG. DIST. NO. **6209** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Tx b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pirey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pirey 10⁹⁰	
c. LENGTH OF STAY (In this place) 70 yrs.		d. STREET ADDRESS (If rural, give location) 3 mi. E. of Houston	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) LOUANN b. (Middle) GENTRY c. (Last) GENTRY			4. DATE OF DEATH (Month) (Day) (Year) Jan. 21 1956		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 7, 1870		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jackson Co. Tex.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Ferguson		13b. MOTHER'S MAIDEN NAME Betty Willmore		14. NAME OF HUSBAND OR WIFE Jesse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Roy Gentry ADDRESS Houston Tx	

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) Arteriosclerotic Hypertensive Degenerative		
	ANTECEDENT CAUSES decompensated heart disease gradual		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Pneumonia	
		DUE TO (c) Cardiovascular Renal Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infirmities of Old Age			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
		4200	

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)	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 **Jan 12, 1950**, to **Jan 21, 1956**, that I last saw the deceased alive on **Jan 21, 1956**, and that death occurred at **3:05 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE D. Burns (Degree or title)	23b. ADDRESS Houston Tx	23c. DATE SIGNED 1/28/56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-24-56	24c. NAME OF CEMETERY OR CREMATORY Houston
		24d. LOCATION (City, town, or county) (State) Houston Tx

DATE REC'D BY LOCAL REG. Jan 26 1956	REGISTRAR'S SIGNATURE Myrtle Craig	327-d	25. FUNERAL DIRECTOR'S SIGNATURE Ellen T. Funeral Home ADDRESS Houston Tx
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(Licensed Embalmer's Statement on Reverse Side)

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

Frank E. Ford

Licensed Embalmer No.

4026

P. O. Address

Houston

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.