

FILED NOV 2-1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36716**

BIRTH NO. _____		REG. DIST. NO. <b>333</b>		PRIMARY REG. DIST. NO. <b>3074</b>		Registrar's No. <b>161</b>			
1. PLACE OF DEATH a. COUNTY <b>Scott</b> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Sikeston</b> ) c. LENGTH OF STAY (in this place) <b>2 Days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Delta Comm. Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>New Madrid</b> d. STREET ADDRESS (If rural, give location) <b>301 Kingshighway St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margarett</b> b. (Middle) <b>Jane</b> c. (Last) <b>Gentry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17 56</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 6, 1868</b>			
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 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 _____		11. BIRTHPLACE (State or foreign country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Anderson Condor</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Walter Gentry</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Walter Gentry, New Madrid, Missouri</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Arteriosclerosis</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>1. Gangrene Dry, B. lateral lower extremities</b> <b>2. Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs</b>	
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) <b>450.1</b>					
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 <b>Oct 16, 1956</b> to <b>Oct 17, 1956</b> , that I last saw the deceased alive on <b>Oct 17, 1956</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Condor B. J. M.D.</b>				23b. ADDRESS <b>Sikeston, Missouri</b>		23c. DATE SIGNED <b>10-19-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>19 Oct. 56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near New Madrid, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>10-22-56</b>		REGISTRAR'S SIGNATURE <b>Wm. O. Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Richards Undertaking Co.</b>		ADDRESS <b>New Madrid, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0-48

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DATE RECEIVED OCT 29 1956

SCOTT CO. HEALTH DEPT.

GO. FILE No. 1056-222

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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 Tommy L. Roberts

Licensed Embalmer No. 4886

P. O. Address Pauls Medical, M

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.