

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40969

STATE FILE NUMBER

FILED DEC 17 1956

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>BOONVILLE</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BUNGETON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HAAAS-HOME</u> Length of stay in 1b <u>48 DAYS</u>		d. STREET ADDRESS <u>NO-STREET-NO.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>BESSIE</u> First <u>L. GENTRY</u> Middle <u>L.</u> Last			4. DATE OF DEATH <u>DEC. 8, 1956</u> Month <u>DEC.</u> Day <u>8.</u> Year <u>1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC. 13, 1882</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAFE OPERATOR RETIRED</u>			100. KIND OF BUSINESS OR INDUSTRY <u>UNKNOW</u>		11. BIRTHPLACE (City and state or country) <u>9</u>	
13. FATHER'S NAME <u>MILTON-STAHLE</u>			14. MOTHER'S MAIDEN NAME <u>EVA-KIEFFER</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.		17. INFORMANT <u>R.E. DOUGLASS-TIPTON MO</u> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MASSIVE HEMMORRHAGE (PULMONARY)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CARCINOMA RT. LUNG.</u>	163.X
	DUE TO (c)	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>3:30 P.</u> Month <u>SEP</u> Day <u>15</u> Year <u>1956</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>BOONVILLE MO</u> COUNTY STATE

21. I attended the deceased from SEPT 15-16 to DEC 8-1956 and last saw her alive on 3:30 PM.
Death occurred at 3:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. DeGrauw MD (Degree or title) 22b. ADDRESS Boonville Mo 22c. DATE SIGNED 12/9/56

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 10, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>J. O. F. CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>TIPTON-MO</u>
24. FUNERAL DIRECTOR <u>James B. Richards</u> ADDRESS <u>TIPTON</u>		25. DATE RECD. BY LOCAL REG. <u>12/10/56</u>	26. REGISTRAR'S SIGNATURE <u>W. DeGrauw</u>

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *James E. Richardson*
Licensed Embalmer No. *34*
P. O. Address *Lipton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.