

No. 300
10.48

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44529

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Piney)
c. LENGTH OF STAY (in this place township) 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Texas
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Piney
d. STREET ADDRESS (If rural, give location) 3 MI E. HOUSTON

3. NAME OF DECEASED
a. (First) Leslie b. (Middle) Clay c. (Last) Gentry

4. DATE OF DEATH (Month) (Day) (Year) 12-19-56

5. SEX Male 6. COLOR OR RACE White

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

8. DATE OF BIRTH 12-19-1901

9. AGE (In years last birthday) 55
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 HR.: Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Houston, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jesse Gentry

13b. MOTHER'S MAIDEN NAME Lou Ann Ferguson

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethyle Forbes Houston 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute and extensive Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Atherosclerosis
DUE TO (c) Diabetes Mellitus Severe
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min.)

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 10/10, 1952, to 12/19, 1956, that I last saw the deceased alive on 12/17, 1956, and that death occurred at 12:00 Noon from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Burns, M.D.

23b. ADDRESS Houston, Mo.

23c. DATE SIGNED 12/23/56

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

24b. DATE 12-21-56

24c. NAME OF CEMETERY OR CREMATORY Houston

24d. LOCATION (City, town, or county) (State) Houston Missouri

DATE REC'D BY LOCAL REG. 12-26-56 REGISTRAR'S SIGNATURE Myrtle Craig

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elliott Funeral Home, Houston, Mo.

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

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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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex.

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.