

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44696**
5463

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5463</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>33 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>3922 Olive St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) <u>BENNETT</u> c. (Last) <u>Gentry</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17 1956</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>MAY 2, 1891</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>TAXI DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAXICAB</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RAY COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>J. D. GENTRY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY FRANCES POPE</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-24-3126</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LUCILLE FREDRICKSON</u> ADDRESS <u>11735 E. 44th St. KANSAS CITY, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u>					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) <u>Aspiration Anoxia</u> DUE TO (b) <u>Primary cancer of intestine</u> <u>Disseminated carcinoma</u>					20 min 2 mo +
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					153 X
19a. DATE OF OPERATION <u>12-17-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Disseminated Abdominal Carcinoma</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Dec 5</u> , 19 <u>56</u> , to <u>Dec 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec 17</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl H. Reitz M.D.</u>			23b. ADDRESS <u>404 1/2 N. 75th St. KCMo.</u>		23c. DATE SIGNED <u>12-17-56</u>		
24a. BURIAL OR CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>12-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-18-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knipschildt Borcharding Hardin, Mo.</u>			

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Carl H. Reitz

742 4 - 3036.

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

August Bucherding

Licensed Embalmer No. 4678

P. O. Address

Haidin

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.