

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4710

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 609

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital			Length of stay in 1b 40 Years		d. STREET ADDRESS (If outside, give location) 3922 Forest Street Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARA Middle H. Last GENTRY			4. DATE OF DEATH Month February Day 8 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 3, 1872	9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George N. Rosier			14. MOTHER'S MAIDEN NAME Alice Gibbons		
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. No	17. INFORMANT Edna R. Walley - Amsterdam, Missouri 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) urine					INTERVAL BETWEEN ONSET AND DEATH 8 days 1 wk. 1 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heart failure					
DUE TO (c) Fracture hip					
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 checked="" 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.) fell on floor.				2
20c. TIME OF INJURY Hour 1 Month 28 Day 57 a. m. 57 p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Kansas city Jackson, mo. COUNTY STATE			
21. I attended the deceased from 1-29-57 to 2/8/57 and last saw her alive on 2/9/57 . Death occurred at 7 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James A. Jarvis (Type or print)			22b. ADDRESS Kansas City, Mo		22c. DATE SIGNED 2/8/57
23a. BURIAL CREMATION REMOVAL (Specify) Removal	23b. DATE 2/10/57	23c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery		23d. LOCATION (City, town, or county) (State) Drexel, Missouri	
24. FUNERAL DIRECTOR Stine & McClure - Kansas City, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 2-8-57		25. REGISTRAR'S SIGNATURE Reva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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
James A. Jarvis
MEDICAL CERTIFICATION

1-1-2020
ASTGE 1:30 P.M.

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 *Eugene L. Henn*

Licensed Embalmer No. *246*

P. O. Address *.....*

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.