

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38984

STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PATTERSON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>PATTERSON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u> Length of stay in 1b <u>✓</u>		d. STREET ADDRESS (If outside, give location) <u>R.F. D (Logan Shop)</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>KENNETH MERLE GENTRY</u> First Middle Last		4. DATE OF DEATH <u>OCT. 6 1957</u> Month Day Year	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 26, 1934</u>
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>2 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (City and state or country) <u>CARUTH MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>ARTIE E. GENTRY</u>		14. MOTHER'S MAIDEN NAME <u>HASSIE E. EADS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>487-36-6774</u>	
17. INFORMANT <u>ARTIE E. GENTRY</u> Address <u>PATTERSON MO.</u>		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>Asphyxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carbon Monoxide inhalation</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Hose from exhaust to cab of truck</u>	
20c. TIME OF INJURY Hour <u>11.00</u> Month, Day, Year <u>OCT 6 1957</u>		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, farm, factory, street, office bldg., etc.) <u>NEAR FARM TO MARKET ROAD</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>PATTERSON WAYNE MO.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marvin E. Bowles Coroner</u>		22b. ADDRESS <u>Piedmont, Mo</u>	
22c. DATE SIGNED <u>OCT 8 - 1957</u>			
23a. BURIAL, CREMATION, REPAVAL (Specify) <u>BURIAL</u>		23b. DATE <u>OCT. 9 - 57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>GREEN HILL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>NEAR PATTERSON MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>GISH FUNERAL HOME MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 10 - 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Hazel Thaid</u>			

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

RECEIVED
NOV 7 1957
WAYNE CO. HEALTH CENTER
FILE No. _____

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 me, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Piedmont

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.