

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012431

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 130

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Marion</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>610 Bird Street</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>BETTIE N. GENTRY</b>		4. DATE OF DEATH Month Day Year <b>April 4, 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 22, 1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Hannibal, Missouri</b>
13a. FATHER'S NAME <b>Squire S. Nichols</b>		13b. MOTHER'S MAIDEN NAME <b>Carstarphen</b>	14. NAME OF HUSBAND OR WIFE <b>William H. Gentry</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT <b>Mrs. Mary G. Caldwell, Hannibal, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Post. Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocardial anoxia, cong heart disease</b>			<b>5 yrs</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year		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 <b>Hannibal Marion Mo</b>	
21. I attended the deceased from <b>4/3/63</b> to <b>4/4/63</b> and last saw her/him alive on <b>4/4/63</b>		Death occurred at <b>6:10 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>J. H. Wachsler M.D.</b>		22b. ADDRESS <b>1209 Broadway, Hannibal, Mo.</b>	22c. DATE SIGNED <b>4/6/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>Barkley Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>New London, Missouri</b>
24. FUNERAL DIRECTOR <b>Jack Schwartz, Hannibal, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>April 8, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Locke by Lillian M. Norman</b>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59  
**2648**  
**2648**  
3  
4 **1**  
5 **2**  
6  
7 **0**  
8 **2**  
**94201**  
10  
11  
12 **2-0**  
13 **1-0**

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 Arl E. Schwartz, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arl E. Schwartz

Licensed Embalmer No. 23380

P. O. Address Hannibal, Mo.

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.

Permit received 4/18/63