

FILED MAR 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4175
State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 71

14
1
2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>8 Jackson St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>			

3. NAME OF DECEASED (Type or Print) <u>Floyd Bentley</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Bentley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 1949</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-2-1900</u>		9. AGE (In years last birthday) <u>49</u>		if UNDER 1 YEAR Months Days		if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			

13a. FATHER'S NAME <u>Charles Bentley</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Buckner</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Floyd Bentley</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>D. K.</u>		16. SOCIAL SECURITY NO. <u>DK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>wife</u> ADDRESS _____							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic psychosis</u>									
		ANTECEDENT CAUSES DUE TO (b) <u>general paresis (Lues)</u>									
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>029X</u>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 <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 1-6-49, 19 , to 2-1-49, 19 , that I last saw the deceased alive on 3-1-49, 19 , and that death occurred at 3-20 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>M J Miller</u> (Degree or title)		23b. ADDRESS <u>State Hospital, Fulton</u>		23c. DATE SIGNED <u>3-2-1949</u>	
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24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 2-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 2 1949</u>		REGISTRAR'S SIGNATURE <u>John M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>4600 Long</u>	
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Date Filed 3-9-49
District File Number
District Health Officer No. 9
RECEIVED

MAR 21 1949

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 J. Louis DePauw

Licensed Embalmer No. 4245

P. O. Address Seabrook, Md

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.