

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15672

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 8034		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY. Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette,		40	
d. FULL NAME OF HOSPITAL OR INSTITUTION. - - - -				d. STREET ADDRESS (If rural, give location) S. Park Addition			
3. NAME OF DECEASED (Type or Print) Willie		a. (First) b. (Middle) H.		c. (Last) Bentley		4. DATE OF DEATH (Month) (Day) (Year) May 19, 1949	
5. SEX Female		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 14, 1905	
9. AGE (In years last birthday) 43		10. UNDER 1 YEAR Months 9		11. UNDER 1 YEAR Days 5		12. UNDER 1 YEAR Hours 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Howard Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Claib Cooper		13b. MOTHER'S MAIDEN NAME Lena Hawkins		14. NAME OF HUSBAND OR WIFE Wallace Bentley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ann Turner Fayette, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Constrictive heart failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 months 2 yrs 443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 Oct 11, 1948, to May 19, 1949 that I last saw the deceased alive on May 12, 1949, and that death occurred at 12:00 AM, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Francis D. Dean M.D.		23b. ADDRESS Lee Hospital Fayette, Mo.		23c. DATE SIGNED 5-25-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/23/49		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Missouri	
DATE REC'D BY LOCAL REG. 5-28-1949		REGISTRAR'S SIGNATURE Dorothy Ann Cohen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette Mo.			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-2-49

MAR 31 1961

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 3340

P. O. Address Jayette Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.