

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18524**No. 300
10-48

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 162	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 2 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		70 ?) 0 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital				d. STREET ADDRESS (If rural, give location) North Hudson Street			
3. NAME OF DECEASED (Type or Print)		a. (First) EMUEL		b. (Middle) GRANT		c. (Last) BENTLEY	
4. DATE OF DEATH		(Month) June		(Day) 8,		(Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 26; 1901		9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Fire Brick		11. BIRTHPLACE (State or foreign country) Callaway County Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Bentley			13b. MOTHER'S MAIDEN NAME Oro Gibson			14. NAME OF HUSBAND OR WIFE Clara Bentley	
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. 493-10-4212		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Bentley Wellsville, 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) Accidental Automobile wreck in Coronis Car. Under of Junes. Accident caused by Supt Hunt Truck driven by Deputy Police Puh up Truck driven by deceased Emuel Bentley Custom Utes DUE TO DUE TO (b) by Supt Hunt Truck driven by Deputy Police Puh up Truck driven by deceased Emuel Bentley Custom Utes DUE TO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Highway #19 The deceased was labor Mexico No Audrain County Hospital by H B Wells Ambulance in on line				INTERVAL BETWEEN ONSET AND DEATH 24 HOURS	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION when he died from injuries received in wreck				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #19		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Wartonsburg Audrain Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 8-1949 6 m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Wreck		88166 26			
22. I hereby certify that I attended the deceased from 6-8 , 19 49 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:26 PM m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. C. Adams M.D. Coronado Mexico Mo				23b. ADDRESS Wellsville Mo		23c. DATE SIGNED 6/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, 49		24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery		24d. LOCATION (City, town, or county) (State) Wellsville Mo.	
DATE REC'D BY LOCAL REG. June 10 1949		REGISTRAR'S SIGNATURE Blanche Keely		25. FUNERAL DIRECTOR'S SIGNATURE H B Wells		ADDRESS Wellsville, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

DEC 29 1953

RECEIVED

District Health Officer No.

District File Number 6-49-10

Date Filed JUN 20 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 Earl E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico, 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 this body is not embalmed, fact should be so stated above.