

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26315

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTTION	
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU	c. LENGTH OF STAY (In this place) 1 DAY	c. CITY (If outside corporate limits, write RURAL and give township) KAMO	3
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS HOSP.		d. STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) E c. (Last) BENTLEY		4. DATE OF DEATH (Month) (Day) (Year) AUG 1 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 24 1892
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GREENVILLE, ILLINOIS
13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN	12. CITIZEN OF WHAT COUNTRY? U.S.
14. NAME OF HUSBAND OR WIFE MRS JESSIE LEE BARNES BENTLEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) YES WW I	
16. SOCIAL SECURITY NO. 489-26-2919		17. INFORMANT'S SIGNATURE OR NAME Mrs Jessie Bentley ADDRESS Illinois 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestinal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Choleperititis, Cholemyocarditis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 day	
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)	
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 July 31, 1949, to Aug 1, 1949, that I last saw the deceased alive on July 31, 1949, and that death occurred at 12:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) K Washley MD		23b. ADDRESS Cape Girardeau Mo	
23c. DATE SIGNED 8/1/49		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG 3, 1949	
24c. NAME OF CEMETERY OR CREMATORY LIGHTNER CEMETERY		24d. LOCATION (City, town, or county) ILLMO MISSOURI	
25. FUNERAL DIRECTOR'S SIGNATURE C. C. Summers		ADDRESS 44 Bishop Hoff Funeral Home Illinois Mo	
DATE REC'D BY LOCAL REG. 8-8-1949		REGISTRAR'S SIGNATURE	

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

NOV 5 1949

RECEIVED 8-15-49

Health Officer No. 5

Number 849-

Date Filed _____

FEB 6 1951

AUG 19 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Oliver C. Amick

Signed.....
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Olms, 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.