

FILED NOV 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33528

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 952

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>4 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Martin</u> c. (Last) <u>Bentley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 6, 1869</u>	9. AGE (in years last birthday) <u>79</u> Months <u>11</u> Days <u>24</u>	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Had Abstract office</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Abstract</u>	11. BIRTHPLACE (State or foreign country) <u>Maryville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Amos Bentley</u>	13b. MOTHER'S MAIDEN NAME <u>Adelia</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Merrell Knight</u> ADDRESS <u>1221</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis: Heart Disease</u>		
	DUE TO (c) <u>Aneurysm, Innominate Artery</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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
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22. I hereby certify that I attended the deceased from July 7, 1949, to Oct 30, 1949, that I last saw the deceased alive on Oct 30, 1949, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Leslie R. Webb, M.D.</u>	22b. ADDRESS <u>700 W. 40th. Bldg.</u>	22c. DATE SIGNED <u>10-31-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct 30 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Corners Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-1-49</u>	REGISTRAR'S SIGNATURE <u>W. J. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Thawson</u> ADDRESS <u>W. H. Thawson, 1200 -</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
39  
2  
46

**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 *Charles Gilbert Hathaway* .....

Licensed Embalmer No. *4267* .....

P. O. Address *Wheatland, W.V.* .....

**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.