

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15788

042

FILED MAY 16 1950

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY OR TOWN <u>MEXICO MO</u> c. LENGTH OF STAY (in this place) <u>13 days</u>		c. CITY OR TOWN <u>LAUDONIA MO</u> <u>0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEXICO GENERAL HOSP</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>ANTHONY</u> c. (Last) <u>BENTLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 2 1878</u>
9. AGE (In years last birthday) <u>72</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>
11. BIRTHPLACE (State or foreign country) <u>AUDRAIN Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE BENTLEY</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA FIELDS</u>	
14. NAME OF HUSBAND OR WIFE <u>Edw Goeh</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>488-01-0690</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Munk Lewis</u> ADDRESS <u>Mexico Mo</u>	
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) <u>Cardiac Decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 WK</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> <u>7 yr.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES ☐ NO ☒		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 ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>April 15, 1950</u> , to <u>May 3, 1950</u> , that I last saw the deceased alive on <u>May 3, 1950</u> , and that death occurred at <u>11:24 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>R. B. Baig D.O.</u>		23b. ADDRESS <u>Laudonia Mo</u>	
23c. DATE SIGNED <u>5-4-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>5-5-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MIDDLETOWN MO</u>	
24d. LOCATION (City, town, or county) (State) <u>MIDDLETOWN MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. McNeil</u> ADDRESS <u>Mexico Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 4-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 15 1950
District Health Officer No. 1
District File Number 5-50-2
Date Filed

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

Richard Y. McDonald
working under my personal supervision.

Student Embalmer No. 371

Signed Richard Y. McDonald
Student Embalmer

Signed Chas Arnold

Licensed Embalmer No. 3569

P. O. Address Murphy, 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.