

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19568

0150

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

BIRTH NO. _____		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5174</u>		Registrar's No. <u>11</u>		
1. PLACE OF DEATH a. COUNTY <u>CAMDEN (Adair Twp)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u>				
b. CITY OR TOWN <u>EDWARDS, RR. 2</u>		c. LENGTH OF STAY (in this place) <u>1 MONTH</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EDWARDS, MO</u>		0150		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>Adair Twp R.F.D. # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>JOHN</u> c. (Last) <u>Bentch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1950</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>MAR 2, 1896</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMON LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CAMDEN COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>ADAM J. Bentch</u>			13b. MOTHER'S MAIDEN NAME <u>MARGERT M. Russell</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James Bentch</u> ADDRESS <u>Edwards, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pernicious Anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>24 HRS</u>	
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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>6-1-</u> , 19 <u>50</u> , to <u>6-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-19</u> , 19 <u>50</u> , and that death occurred at <u>3:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Walter H. ...</u> (Degree or title) _____				23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>6/21/1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CABLE RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>CAMDEN COUNTY, MO</u>		
DATE REC'D BY LOCAL REG. <u>6-23-50</u>		REGISTRAR'S SIGNATURE <u>W. J. Myers, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Rees, Warsaw</u> ADDRESS _____				

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 6/2/50

MAR 23 1950

JUL - 5 1950

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 Jack Wilson

Licensed Embalmer No. 4643

P. O. Address Wasson

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.