

No. 300  
10.48

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27883

State File No. ....

BIRTH NO. 51677-50 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6018 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly (Rural)</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek Township</u>		1880
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sugar Creek Township</u>			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Steve</u> b. (Middle) <u>D.</u> c. (Last) <u>Bentch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3<sup>rd</sup> 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug 30<sup>th</sup> 1950</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>-</u> Days <u>3</u> IF UNDER 100 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Ambrose Bentch</u>	13b. MOTHER'S MAIDEN NAME <u>Trilba Hendrick</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ambrose Bentch</u>	ADDRESS <u>RFD Moberly Mo</u>
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18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>3 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Birth Injury</u> DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	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)
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 Aug 31, 1950, to Sept 3, 1950, that I last saw the deceased alive on Sept 3, 1950 and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Dreyer MD</u>	23b. ADDRESS <u>Huntsville Mo</u>	23c. DATE SIGNED <u>9/5/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 4<sup>th</sup> 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 4-50</u>	REGISTRAR'S SIGNATURE <u>Leah Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Mahan and Son</u>	ADDRESS <u>Moberly Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **SEP 12 1950**  
DISTRICT HEALTH OFFICE #2  
District File Number 9-16-1  
Date Filed: **SEP 12 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 \_\_\_\_\_

*Frank O. DeWitt*

Licensed Embalmer No. 3021

P. O. Address \_\_\_\_\_

*Moberly, 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.