S. No. 300
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FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37827

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville Upper Louisa
c. LENGTH OF STAY (In this place): 30 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Montgomery Township 0100
d. STREET ADDRESS (If rural, give location): 4 miles S. W. of Wellsville

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): MINER
c. (Last): BENTLEY

4. DATE OF DEATH (Month) (Day) (Year): Dec. 1 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Aug. 23 1886
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 3, Days 8 — IF UNDER 24 HRS.: 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: Farming
11. BIRTHPLACE (State or foreign country): Pike County Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John M. Bentley
13b. MOTHER'S MAIDEN NAME: Lucy Willis
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Wm Bentley Wellsville Mo — ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pernicious Anemia
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: 2400

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) m.
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* Oct 15, 1950 *to* Nov 30, 1950, *that I last saw the deceased alive on* Nov 30, 1950 *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. G. Hesford M.D.
23b. ADDRESS: Wellsville Mo
23c. DATE SIGNED: Dec 3-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/3/50
24c. NAME OF CEMETERY OR CREMATORY: Wellsville City Com.
24d. LOCATION (City, town, or county) (State): Wellsville Montg. Mo

DATE REC'D BY LOCAL REG.: 12/3/50
REGISTRAR'S SIGNATURE: W. S. Romans Jr. 4-25
25. FUNERAL DIRECTOR'S SIGNATURE: S. B. Wells — ADDRESS: Wellsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 11 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 R. B. Wells

Signed ..... Student Embalmer

Licensed Embalmer No. 1588

P. O. Address Willsville W

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.