S. No. 300
v. 10.48

142

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1950

State File No. 39976

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 405

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 5d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laddonia 0040
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WILLIAM c. (Last) BENTLEY

4. DATE OF DEATH (Month) Dec (Day) 11 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH April 18-1874
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 7 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Stock salesman
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Bentley
13b. MOTHER'S MAIDEN NAME Rebecca Fields
14. NAME OF HUSBAND OR WIFE Nettie Beckley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dk (If yes, give war or dates of service) dk
16. SOCIAL SECURITY NO. dk
17. INFORMANT'S SIGNATURE OR NAME Hos Records Fulton 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) psychosis with cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

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.* Br pneumonia — 332 X

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* 12-6, 1950 *to* 12-11, 1950 *that I last saw the deceased alive on* 12-10, 1950 *and that death occurred at* 4a *m., from the causes and on the date stated above.*

23a. SIGNATURE J R Hunter M.D. (Degree or title)
23b. ADDRESS State Hos Fulton Mo
23c. DATE SIGNED 12-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12/15/1950
24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery
24d. LOCATION (City, town, or county) Laddonia, Mo. (State)

DATE REC'D BY LOCAL REG. Dec-15-1950
REGISTRAR'S SIGNATURE Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE Clyde L. Wilkey ADDRESS Laddonia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 18 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 Clyde C. Willey

Signed .....
Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Gaddonia, Va

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.