

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **8027**

No. 300
10.48
FILED APR 6 1951

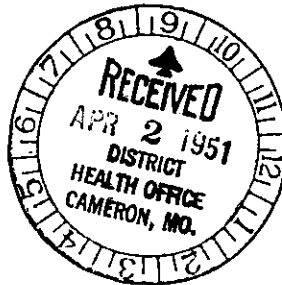
BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5481		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Henry			
b. CITY OR TOWN (Royal) Union		c. LENGTH OF STAY (In this place) 450-5		c. CITY OR TOWN Royal Union		10380	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. of Henry MO 5 MILES				d. STREET ADDRESS (If rural, give location) W. of Henry, MO 5 MILES			
3. NAME OF DECEASED (Type or Print) Mrs DEVA GLADYS BENTLEY		a. (First) DEVA b. (Middle) GLADYS c. (Last) BENTLEY		4. DATE OF DEATH MAR 25 1951		5. DATE OF BIRTH Aug-16-1901	
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home Farm		11. BIRTHPLACE (State or foreign country) Henry Co, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jasper Barnes		13b. MOTHER'S MAIDEN NAME Josephine BARNETT		14. NAME OF HUSBAND OR WIFE ROY BENTLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Bentley		ADDRESS Henry, MO	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 157X			
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 Mar 4 , 19 51 , to Mar 25 , 19 51 , that I last saw the deceased alive on Mar 24 , 19 51 , and that death occurred at 3:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. G. Glatting		(Degree or title) D.O.		23b. ADDRESS Marionville, MO		23c. DATE SIGNED 3/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/27/51		24c. NAME OF CEMETERY OR CREMATORY High Ridge		24d. LOCATION (City, town, or county) (State) Henry MO	
DATE REC'D BY LOCAL REG. Mar 28 1951		REGISTRAR'S SIGNATURE Edith Schilde		FUNDAL DIRECTOR'S SIGNATURE Lester H. Phillips		ADDRESS Starkling MO	

(Licensed Embalmer's Statement on Reverse Side)

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

380
1

MO 11



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. ~~1898~~

~~working under my personal supervision.~~

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address _____

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.