

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15366**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 444	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Washington Sup.		c. LENGTH OF STAY (In this place) 9-11-51		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #3				d. STREET ADDRESS (If rural, give location) 648 So. Robinson			
3. NAME OF DECEASED (Type or Print) a. (First) Mallie		b. (Middle) -		c. (Last) Bentley		4. DATE OF DEATH (Month) (Day) (Year) 4. 8. 1951.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 6-18-1878-	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife		10b. KIND OF BUSINESS OR INDUSTRY -		9. AGE (In years) (Month) (Day) (Year) 7 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife				11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ben Hawsley		13b. MOTHER'S MAIDEN NAME Eliza Cassidy		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.O. Hawsley - Jma Arkansas.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 2 yrs +	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>					
		DUE TO (c) <input checked="" type="checkbox"/>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>					
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION 4200				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)			
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 6-1- , 1946, to 4-8- , 1951, that I last saw the deceased alive on 4-7- , 1951, and that death occurred at 12:40 A. m., from the causes and on the date stated above.							
23a. SIGNATURE J.P. Burch, M.D.				23b. ADDRESS State Hospital #3		23c. DATE SIGNED 4-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY, OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		4/10/51		Hellert		Wm. Grove Mo.	
DATE REC'D BY LOCAL REG. 4-11-51		REGISTRAR'S SIGNATURE Orma E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rev. Barber Wm. Grove			

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 16 1951

Dist. File 437-817

Date Filed 4-18-51

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.....
Student Embalmer

Signed.....

R. W. Barber

Licensed Embalmer No. 3848

P. O. Address N. W. Grove St

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.