

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15940

BIRTH NO. REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 23

2220

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

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>Madison Twp 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Boarding Home</u>			
3. NAME OF DECEASED a. (First) <u>Mary L.</u> b. (Middle) <u>Bentley</u> c. (Last) <u>Bentley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-20-51</u>	
5. SEX <u>F. M. P.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>March 30-1878</u>
9. AGE (In years) <u>103</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Jewery</u>	13b. MOTHER'S MAIDEN NAME <u>Pataya Granger</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Bentley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Year, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leon Smith</u> ADDRESS <u>Kokoha Mo.</u>	
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, 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>Arterial Sclerosis</u> DUE TO (c)	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>3/1</u> , 19 <u>51</u> , to <u>5/20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/20</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>J. R. Bridger M.D.</u>		23b. ADDRESS <u>Kokoha Mo</u>	23c. DATE SIGNED <u>5/21-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Athena Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Athena Mo.</u>
DATE REC'D BY LOCAL REG. <u>5/31-51</u>	REGISTRAR'S SIGNATURE <u>J. R. Bridger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Karla</u> ADDRESS <u>Kokoha Mo</u>	

Date Received: JUN 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1015
Date Filed: JUN 4 1951

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kohoke 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.