

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5499

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5499

FILED JAN 5 1952

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5499	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6007-E-114 ST				d. STREET ADDRESS (If rural, give location) 6007-E-114 ST 3208			
3. NAME OF DECEASED a. (First) IDA		b. (Middle) Belle		c. (Last) BENTLEY		4. DATE OF DEATH (Month) (Day) (Year) 12-22-51	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3/12/1875	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 9		IF UNDER 12 HRS. Days 10		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) BOONE Co MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE GRAHAM BENTLEY			
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. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gramie Morrison R.C. 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart Disease 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 Immediate 10 years 4200	
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)		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 _____, 1941, to 12-22, 1951, that I last saw the deceased alive on 12/20, 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE Fred J. Zambor (Degree or title) DO 202				23a. ADDRESS indep. mo.		23c. DATE SIGNED 12/20/51	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 12-24-51		24c. NAME OF CEMETERY OR CREMATORY MT HOPE		24d. LOCATION (City, town, or county) (Specify) R.C. Kansas	
DATE REC'D BY LOCAL REG. 12-22-51		REGISTRAR'S SIGNATURE Geraldine Helmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SHERIDAN FUNERAL HOME R.C. MO			

(Licensed Embalmer's Statement on Reverse Side)

113 00 11/1/1960

STATEMENT BY LICENSED EMBALMER

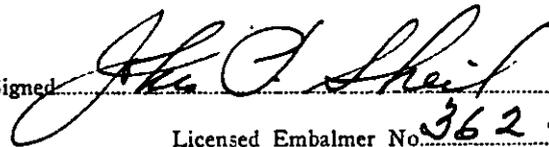
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3625

P. O. Address

K. C. 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.