

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO: 6075 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>St. Francois</u> <small>(If outside corporate limits, write RURAL and give townships)</small>		c. CITY OR TOWN <u>Illmo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 1/2; M; Id</u>		e. STREET ADDRESS <u>Unknown</u> <small>(If rural, give location)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>T.</u> c. (Last) <u>BENTLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 8, 1878</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR <u>3</u> Months <u>25</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith and mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>G. W. Bentley</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ella Coyle</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Holbrooks</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> - - - - - <u>instantaneously</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		
	DUE TO (b) <u>Auricular Fibrillation</u> - - - - - <u>Unknown</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> - - <u>Unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Psychosis with cerebral arteriosclerosis.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 Nov. 2, 1951 to June 3, 1954, that I last saw the deceased alive on June 3, 1954 and that death occurred at 1:55 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>6-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6/6/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 3, 1954</u>	REGISTRAR'S SIGNATURE <u>Etheridge</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff</u>	ADDRESS <u>Funeral Home, Illmo, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.