

STANDARD CERTIFICATE OF DEATH

10689

State File No.

FILED APR 1 1955

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY SCOTT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MO b. COUNTY SCOTT

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE c. LENGTH OF STAY (In this place) 20 YRS

c. CITY OR TOWN CHAFFEE d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 434 W. PARKER

e. STREET ADDRESS (If rural, give location) 434 W. PARKER

3. NAME OF DECEASED
a. (First) JOHN b. (Middle) WESLEY c. (Last) BENTLEY

4. DATE OF DEATH (Month) (Day) (Year) MAR. 19 1955

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.

8. DATE OF BIRTH MAR 23 - 1884

9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. 70 11 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER

10b. KIND OF BUSINESS OR INDUSTRY CUTTING LOGS

11. BIRTHPLACE (City and State or Foreign Country) SORRENTO ILL.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME GEORGE W. BENTLEY

13b. MOTHER'S MAIDEN NAME MARY COYLE

14. NAME OF HUSBAND OR WIFE OLIVIA BENTLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)

16. SOCIAL SECURITY NO. 493-07-8718

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olivia Bentley Chaffee No

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertrophic Prostatitis
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dehydration and age.

INTERVAL BETWEEN ONSET AND DEATH
10 min.
10 yrs?
1 yr.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chaffee Scott MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan 11, 1953, to Mar. 19, 1953, that I last saw the deceased alive on Mar. 19, 1953, and that death occurred at 11:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Helmeyer D.O.

23b. ADDRESS Chaffee, Missouri

23c. DATE SIGNED Mar. 21, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 3-23-55

24c. NAME OF CEMETERY OR CREMATORY EVANGELICAL CEM.

24d. LOCATION (City, town, or county) (State) DUTCHTOWN MO

DATE REC'D BY LOCAL REG. 3-24-55

REGISTRAR'S SIGNATURE Miss Fred Beeping

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 445 - 075 Mrs. Olivia Bentley Chaffee No

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

DATE RECEIVED MAR 28 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 355-83

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 C. J. Lorberg
Licensed Embalmer No. 381

P. O. Address Cape Fear

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.