

Health, Welfare, Public Service, 100-56, Cause of death due to natural causes, diseases in Part I that must be causally related. Coroner cannot certify to a death due to natural causes.

Jefferson

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

668

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 15

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1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u> <u>264</u>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Cherry & Capitol Ave</u>		d. STREET ADDRESS <u>701 Mulberry Street</u>	

3. NAME OF DECEASED (Type or print) <u>Crawley Bentley</u>			4. DATE OF DEATH <u>January 7, 1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 18, 1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired brickman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Keytesville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>James Bentley</u>	14. MOTHER'S MAIDEN NAME <u>Mary Bowlin Bentley</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Mayme Bentley</u>	Address <u>Jefferson City, Mo.</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few weeks</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>died while driving car. Highway Cherry & E Capitol</u>
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20c. TIME OF INJURY Hour <u>7:35</u> Month <u>Jan</u> Day <u>7</u> Year <u>1957</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Cherry & Capitol</u>	20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Mo.</u>	COUNTY <u></u>	STATE <u></u>
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21. I attended the deceased from Death occurred at <u>7:35</u>	He <u>1-56</u> to <u>Jan 7/57</u>	last saw him alive on <u>Dec 28/56</u>
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22a. SIGNATURE <u>W. O. Dabo</u>	(Degree or title) <u>Act. Coroner</u>	22b. ADDRESS <u>Jefferson City, Mo.</u>	22c. DATE SIGNED <u>1-9-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 9, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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24. FUNERAL DIRECTOR <u>Victor Buescher</u>	ADDRESS <u>JC Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11 January 1957</u>	26. REGISTRAR'S SIGNATURE <u>R. O. Worrie MS-MR</u>
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(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 21 1957
FEB 6 1957

Apr 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Victor Buescher

Licensed Embalmer No... 3

P. O. Address.....
J.C.W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.