

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010207
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Anniston, Missouri		c. CITY OR TOWN Anniston, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ANNISTON, MO		d. STREET ADDRESS (If outside, give location) Gen. Del.	
3. NAME OF DECEASED (Type or print) First David Middle S. Last Bentley		4. DATE OF DEATH Month March Day 18 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 2, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Flint, Michigan 1
13a. FATHER'S NAME Austin Bentley		13b. MOTHER'S MAIDEN NAME Cleora Anderson	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give year or dates of service) Unknown Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address HERBERT BENTLEY ANNISTON
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocardial degeneration DUE TO (b) arteriosclerosis - hypertensive DUE TO (c) 443X			INTERVAL BETWEEN ONSET AND DEATH 3 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Massive intest. hemorrhage - chronic ulcerative colitis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 10/59 to Mar 18/59 and last saw him alive on 3/18/59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. P. Fenton D.O. 2		22b. ADDRESS Wyatt, Mo	
22c. DATE SIGNED 3-21-59			
23a. BURIAL, CREMATION, etc. (Specify) Burial		23b. DATE 3-19-59	
23c. NAME OF CEMETERY OR CREMATORY Anniston Cemetery		23d. LOCATION (City, town, or county) (State) Anniston, Missouri	
24. FUNERAL DIRECTOR Travis Shelby Jr. East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 3-26-59	
		26. REGISTRAR'S SIGNATURE Gertrude S. Harper	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 1 1959

Date Filed

44-5-33

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 *Thomas J. Kelly*

Licensed Embalmer No. *4940*
P. O. Address *East Raintree*

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.