

ENDED

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		c. CITY OR TOWN <u>Albany</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Josephine's Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>304 E. Cameron</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Marion</u> Last <u>Bentley</u>		4. DATE OF DEATH Month <u>November</u> Day <u>4</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>10/12/57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (City and state or country) <u>Gentry Co., Missouri</u>	
13a. FATHER'S NAME <u>Burken Bentley</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Evans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		17. INFORMANT <u>Mrs. John Graham</u>	
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>Ulcer of Stomach</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>short</u>	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION <u>Albany, Gentry - Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>June, '54</u> to <u>11-4-'59</u> and last saw <u>him</u> alive on <u>11-4-'59</u> Death occurred at <u>3:45 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>	
22b. ADDRESS <u>Albany, Mo.</u>		22c. DATE SIGNED <u>11-5-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Nov. 6, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Friendship</u>		23d. LOCATION (City, town, or county) <u>Gentry Co., Missouri</u>	
24. FUNERAL DIRECTOR <u>Clifford Brooks, Albany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 6-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Miss L. W. Bare</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 me, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Clifford Brooks
3329
~~4868~~

Licensed Embalmer No. 3329

P. O. Address Albany, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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