

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007528

FILED VS FEB 29 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pettis		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		a. STATE Missouri b. COUNTY Pettis		c. CITY OR TOWN Sedalia	
Length of stay in 1b 79 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 400 East 2nd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital							
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ROLAND		Middle J.		Last BENTLEY		Month February Day 20 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 5, 1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and state or country) Pike County, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME O. R. Bentley			13b. MOTHER'S MAIDEN NAME Nancy Veach			14. NAME OF HUSBAND OR WIFE Essie L. Bodenhamer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. R.D. Hill, 6 Vine St., Lee's Summit			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Malnutrition							
DUE TO (b) senility							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Also possible cerebral apoplexy?							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. 	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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. 12, 1960 , to Feb. 22, 1960		and last saw her Feb. 22, 1960		and last saw him Feb. 22, 1960 alive on			
Death occurred at 9:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Karl A. Jones MD (Degree or title)				22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo.		22c. DATE SIGNED 2/24/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 22, 1960	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		23d. LOCATION (City, town, or county) Sedalia, Mo.		(State)	
24. FUNERAL DIRECTOR D.W. Heckart - Sedalia, Mo.			25. DATE RECD. BY LOCAL REG. Feb 23 1960		26. REGISTRAR'S SIGNATURE Frances A. Kelly		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0961 I I 1961

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

Student _____
Signature of Student Embalmer

Signed

Richard D. Conn

Licensed Embalmer No. 4703
P. O. Address Sedalia, 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.